2025 Lewis County Community Health Assessment

Lewis County Public Health & Social Services

July 2026

LEWIS COUNTY
Washington's First County
est. 1845
Public Health & Social Services

Mt. Rainier from Mineral Lake, Lewis County, WA

Message from Lewis County Public Health & Social Services

Lewis County Public Health & Social Services thanks the residents, community partners, service providers, and organizations who contributed to the 2025 Community Health Assessment. Your experiences, observations, and ideas helped shape a clearer understanding of the strengths, barriers, and needs affecting health across Lewis County.

This assessment is intended to be a practical resource. We hope residents, partners, and decision-makers use it to support planning, advocacy, grant writing, collaboration, and community-driven solutions.

The findings in this report will help guide the next phase of work through the Community Health Improvement Plan. That process will rely on continued partner discussion, shared priorities, and practical steps that build on the work already happening throughout Lewis County.

Thank you for helping tell the story of health in Lewis County and for contributing to the work ahead.

Lewis County Public Health & Social Services

South Lewis County Park, Lewis County, WA

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Willipa Hills Trail, Lewis County, WA

Executive Summary

The **2025 Lewis County Community Health Assessment (CHA)** describes the conditions, strengths, barriers, and priorities that shape health across Lewis County. It is intended as a practical tool for residents, community partners, service providers, and decision-makers to support planning, advocacy, grant writing, and coordinated action.

The CHA uses multiple sources of information, including key informant interviews, community listening sessions, a community survey, youth input activities, and secondary data. Together, these sources combine measurable local context with community voice.
Across methods, participants described Lewis County as a place where people and organizations often work together to respond when needs arise. Common **strengths** included collaboration, local organizations, informal support networks, community involvement, and care for one another.

The assessment identified five overlapping **community health priorities**:

- **Access to health care and services capacity**. Residents and partners described limited service availability, provider shortages, appointment delays, and difficulty knowing where to start.
- **Behavioral health and well-being**. Behavioral health was consistently identified as a major need, including mental health support, stress, substance use/misuse treatment access, and youth connection to trusted supports.
- **Housing stability and affordability**. Housing was described as foundational to health, with concerns related to affordability, safety, stability, and cost burden.
- **Economic security and basic needs affordability**. Participants connected financial strain to housing, food access, transportation, health care, and the ability to meet essential needs.
- **Food access and nutrition quality**. Community input recognized strong local food resources while also identifying barriers related to affordability, hours, awareness, convenience, and access to nutritious options.

Several **barriers** cut across these priorities, including transportation, rural access constraints, cost and affordability, limited provider and service availability, and difficulty finding accurate, current information about resources.

The next step is the **Community Health Improvement Plan (CHIP)**. The CHIP will use CHA findings to guide partner discussion and identify practical opportunities for action. Emerging discussion areas include a community resource database and prevention through screenings and lifestyle. These focus areas are starting points for discussion and refinement with partners, not final commitments on behalf of partner organizations.

Progress will be tracked using practical measures connected to selected priorities and strategies. Updates will be shared with community partners to maintain transparency, identify barriers, celebrate progress, and adjust strategies as conditions change.

1: Introduction & Methodology

1.1 Purpose and Scope

This Community Health Assessment (CHA) is written first and foremost for the people of Lewis County. It documents what community members and partners shared about the conditions that support health and the barriers that make it harder to thrive. The intent is to provide a clear, accessible summary that residents can use to express, validate, and advocate for the needs they see in their communities.

This CHA is also intended to be a practical tool for community partners. Organizations can use the findings and supporting detail to strengthen grant applications, align program planning with community-identified priorities, and support collaboration across sectors.

For policymakers and decision-makers, this CHA provides a grounded basis for informed decisions and productive discussions. It is designed to support questions such as: What are the most consistent themes we are hearing? Where do needs align across different groups? What system barriers are most frequently identified? What opportunities exist to improve access, prevention, and well-being through coordinated action?

This assessment draws from multiple sources of information and insight collected during 2025–2026, including youth input activities, key informant interviews, and a community survey. Detailed documentation for each mode of data collection is provided in the Appendices, and a synthesis of primary results (Chapter 2) will connect these findings to practical implications for the Community Health Improvement Plan (CHIP).

Ultimately, the CHA is intended to be used. Readers are encouraged to cite and share the findings, bring them into planning conversations, and use them to guide advocacy, partnership, and community-driven solutions.

1.2 Timeline & Process

The timeline summarizes major engagement activities and data collection periods for the 2025–2026 CHA and the subsequent (CHIP).

Note the CHA timeline shifted from the original schedule due to staffing capacity and the scope of data collection. This timeline is provided to document the process and sequence of activities.

Sections 1.3–1.4 describe each data source and the analysis approach used to synthesize results.

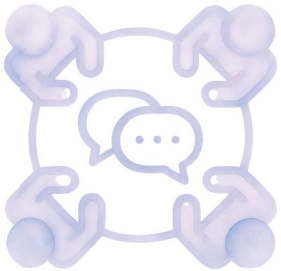
Figure 1.1. *2025-2026 Lewis County Community Health Assessment & Community Health Improvement Plan Timeline*

1.3 Data Sources

This CHA draws on multiple data sources to reflect both lived experience and standard data collection methods across Lewis County. Primary community input methods (key informant interviews, listening sessions, the community survey, and youth engagement) were designed to capture community needs, strengths, and characteristics of a healthy community; secondary data were used to contextualize patterns and trends. Synthesized findings are presented in Chapter 3, with additional methodology, supporting visuals, and source materials in the appendices.

Key Informant Interviews*

Purpose: Partner/sector priorities, barriers, and opportunities for action.
When: March–May 2025
Type: Qualitative + ranked priorities (presence summaries used for cross-method comparison).
Details: Appendix H.1 and Appendix D.



Community Listening Sessions*

Purpose: Resident lived experience, including rural and community-specific.
When: May-August 2025
Type: Qualitative (theme presence + illustrative quotes.
Details: Appendix H.2 and Appendix E.

Community Survey**

Purpose: Broaden participation county-wide beyond traditional stakeholder channels.
When: July-September 2025
Type: Quantitative (closed-ended) + qualitative (open-ended).
Details: Appendix H.3 and Appendix A-C.

Youth Input "Health Bucks"**

Purpose: Youth priorities for health and well-being.
When: June-August 2025
Type: Quantitative (counts of 'bucks' allocated by category).
Details: Appendix H.4 and Appendix F.

Quantitative & Secondary Data

Purpose: Context on demographics, economics, basic needs, and health metrics.
When: Compiled 2025-2026
Type: Quantitative.
Details: Appendix H.5 and Appendix G.

* Providence Centralia and St. Peter's 2025 Community Health Needs Assessment collaboration for key informant interviews and select listening sessions.
** Valley View Health Center and CHOICE supported Health Bucks implementation and community survey dissemination.

1.4 Analysis approach

This section summarizes how **qualitative** information, including words, stories, and experiences, and **quantitative** information, including counts, percentages, and rates, were analyzed and synthesized. Additional technical details and instruments are provided in the appendices.

1.4.1 Qualitative analysis (key informants, listening sessions, and open-ended survey responses)

Qualitative inputs (key informant interviews, listening sessions, and open-ended survey responses) were reviewed and coded in Dedoose using a shared codebook aligned with Providence's Community Health Needs Assessment qualitative approach. Codes were consolidated into themes and summarized using (a) key informant ranked priorities and (b) theme presence (mentioned at least once) to support synthesis and comparison across methods. Limitations are summarized under each data source in Section 1.5.

1.4.2 Quantitative analysis (survey and youth activity)

Quantitative data were summarized using descriptive statistics (counts and percentages) for closed-ended survey items. Youth Health Bucks results were summarized quantitatively by counting the number of "bucks" allocated to each category. Additional quantitative indicators from secondary sources were summarized where available and incorporated throughout the report.

1.4.3 Synthesis

Synthesis integrates findings across modes of data collection to identify convergent themes and notable differences. Chapter 3 will present the synthesized findings and implications for CHIP action areas.

The CHA synthesis integrates findings across data sources to identify the most salient, actionable themes. In general, a theme is prioritized in synthesis when it meets one or more of the following:

- Appears across multiple modes of input (e.g., youth and key informants, and/or survey).
- Is strongly emphasized within a single mode and aligns with known local context and service access conditions.
- Represents a barrier or upstream factor that affects multiple health outcomes (e.g., housing stability, access to care, food security).
- Has a feasible path to action through a CHIP facilitation/backbone approach (coordination, shared infrastructure, recommendations, and measurement).

1.5 Limitations

This assessment integrates multiple methods to understand community-identified needs and strengths. Each method has important limitations that should be considered when interpreting findings.

1.5.1 Data source limitations

Key informant interviews

- Key informants are not a random sample; results reflect perspectives of participating organizations and sectors.
- Interview length and emphasis varied across participants; some topics may be underrepresented if not raised within the time available.
- Ranked priority exercises require forced ordering of interrelated issues; some participants indicated multiple priorities were equally important.

Listening sessions

- Participation varied by location and population group; results are not statistically representative.
- Sessions differed in size and format; some settings functioned as open conversations with participants coming and going.
- Notes (rather than verbatim transcripts) may miss nuance or exact phrasing.

Community survey

- Voluntary response; results may reflect response bias (who chose to participate).
- Distribution methods may reach some groups more effectively than others (e.g., differences in internet access or partner networks).
- A small proportion of responses were submitted in Spanish; language access needs may be underrepresented.

Youth engagement (Health Bucks)

- Convenience sample based on event participation; not representative of all youth in Lewis County.
- Activity captures relative priorities across provided categories and may not reflect deeper qualitative context.
- Counts reflect allocation of “bucks,” which approximates prioritization but does not measure prevalence or severity of needs.

Quantitative and secondary data

- Secondary data may lag current conditions and can vary in timeliness, precision, and geographic granularity.
- Some indicators are modeled estimates and include margins of error; interpretation should consider uncertainty.
- Not all indicators are available for every year or subpopulation; comparisons across time may be limited by data availability.

1.5.2 Analysis and synthesis limitations

- Qualitative coding involves interpretation; a shared codebook and standardized approach were used, but some subjectivity remains.
- Theme “presence” summaries (mentioned at least once) support cross-method comparison but do not capture intensity or frequency of discussion.
- Synthesis prioritizes convergence across methods and feasibility for action; important topics raised in a single method may receive less emphasis in the synthesized findings.
- Results reflect the time period of data collection (2025–2026) and may change as conditions shift (e.g., housing costs, service availability).

2: Lewis County Overview

Lewis County is a large, geographically diverse county in Southwest Washington. Covering approximately 2,436 square miles, Lewis County includes both urban centers and widely dispersed rural communities, with a population that is largely rural in character. The county's landscape and land-use patterns shape everyday access to health-promoting resources—such as housing, transportation, outdoor spaces, employment, and health services—and influence how residents experience health and well-being.

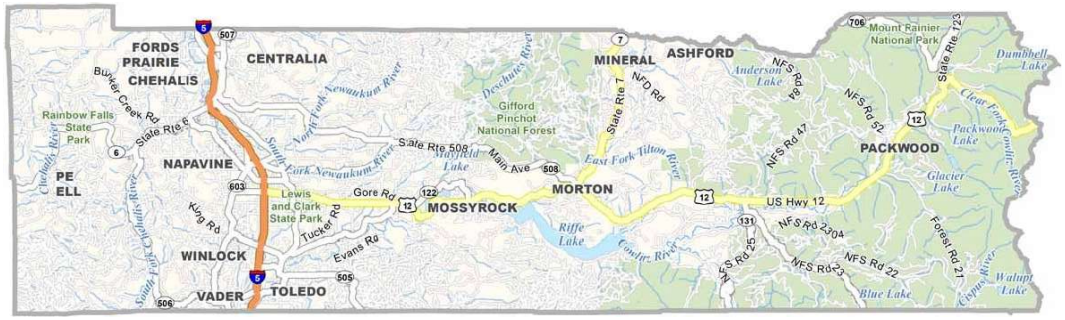


Figure 2.1. *Lewis County, WA*

Land, environment, and identity are central to Lewis County's story. The county includes multiple state parks and nationally significant public lands and recreation areas, and much of the county is designated forest resource land, alongside a strong agricultural presence. These features support community identity, outdoor activity, and economic activity, while also creating unique challenges for service delivery across distance and varied terrain.

Lewis County is also changing. Community input and local context point to an evolving county profile—shifting from an historically farm/forest and resource-based foundation toward a more mixed and rapidly developing environment in some areas. As housing development, commuting patterns, and service demands change, residents increasingly describe growing pressure on the systems that support health (including care access, navigation, transportation, and basic needs supports). This overview provides context for understanding the CHA's community-identified priorities and for interpreting trends across the indicators that follow.

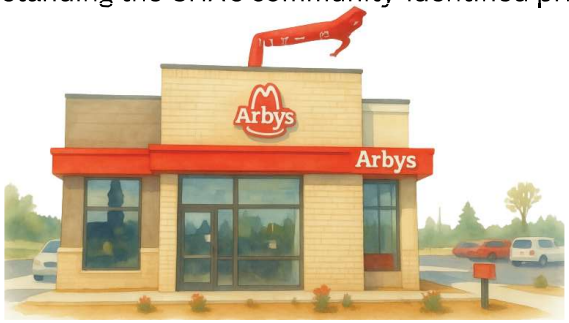


Figure 2.2. *Arby's, Napavine*

Figure 2.3. *Chehalis UGA-South Annexation Plan, 2026*

The sections below provide a concise, indicator-based overview of Lewis County's demographics, social and economic conditions, housing, access to care, selected health behaviors and outcomes, and environmental health context.

2.1 Demographics

Data source note. All figures and tables in Section 2.1 use OFM population estimates; interpret alongside rural geography and service distribution.

Lewis County's population trends and age structure provide essential context for understanding community health needs and planning for services. Where people live, how long they have lived in the county, and the county's age distribution shape everyday access to care, housing, transportation, education, and other conditions that support health and well-being.

Lewis County has grown steadily over time, though at a slower pace than Washington State overall (Figure 2.4, Table 2.1). By 2025, Lewis County's population index reached 124.7 (about 25% above 2000), compared with 137.7 statewide. Growth interacts with Lewis County's rural geography: communities are spread across a large area, and services are not evenly distributed. As the county changes, demand for care and basic-needs supports can increase; in rural areas, limited service availability and travel distance can make it harder to meet that demand.

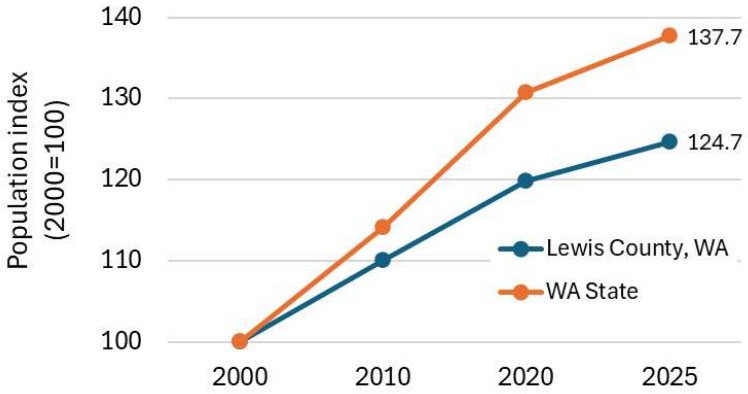


Figure 2.4. *Population index, Lewis County, WA, and WA State, 2000-2025.*

Table 2.1. Population index, Lewis County, WA, and WA State, 2000-2025.

	Lewis County, WA		WA State	
Year	Population	Growth Index	Population	Growth Index
2000	68,600	100	5,894,143	100
2010	75,455	110	6,724,539	114.1
2020	82,149	119.8	7,706,306	130.7
2025	85,550	124.7	8,115,095	137.7

Note Index values show change relative to 2000 (2000=100).

Age structure is also a key planning signal (Figure 2.5). The population pyramid helps show the relative size of younger and older age groups and informs where needs may concentrate—such as maternal/child health and youth supports, working-age access to primary care and prevention, and services that support healthy aging. Together, these demographic patterns help interpret trends in chronic disease burden, cost pressures, and barriers to accessing timely care across the life course.

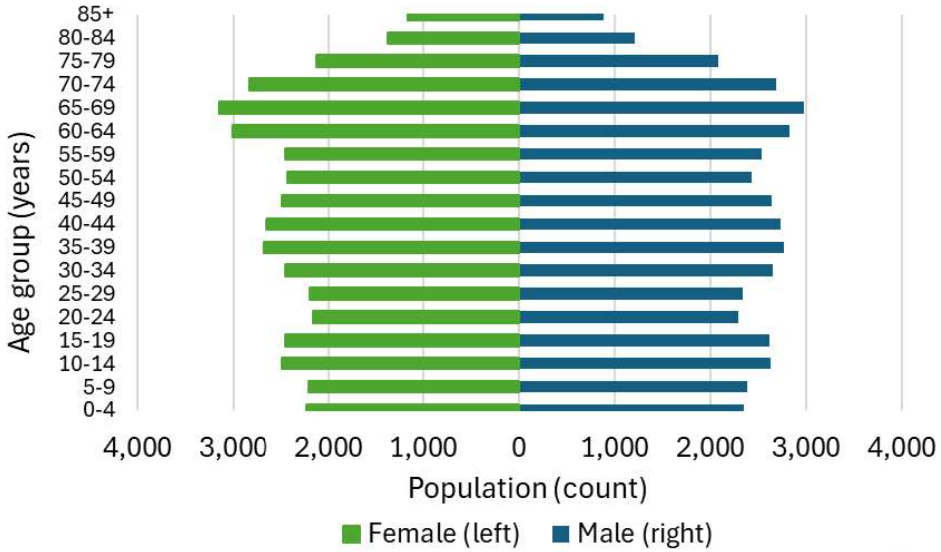


Figure 2.5. *Population pyramid (age by sex), Lewis County, WA, 2025.*

2.2 Social Determinants of Health

Economic conditions and basic needs stability shape health risks and access to prevention and care. The indicators in this section describe income, poverty, employment, and nutrition assistance participation to contextualize community input related to affordability, food access, and economic security.

Income and affordability. Lewis County's median income is lower than Washington's across household types, and non-family households show the largest gap. Lower incomes can increase financial strain and reduce the ability to cover routine costs (rent, utilities, gas, food, medications), which in turn can delay preventive care and worsen chronic conditions. This aligns with community input describing tradeoffs between basic needs and health care.

Poverty and economic hardship. A higher share of residents fall below the federal poverty level in Lewis County compared with the state overall. When using broader hardship thresholds (such as below 185% or 200% of the federal poverty level), the gap remains important for interpreting community concerns about rising costs and stability. These measures help explain why partners and residents described economic security as tightly linked to housing stability, food access, and stress.

Employment and basic needs supports. Labor force participation and unemployment provide additional context about economic opportunity and household stability. SNAP participation helps show the share of households relying on nutrition assistance, and WIC participation reflects support for families during pregnancy and early childhood—both of which connect directly to nutrition, maternal/child health, and long-term outcomes. Together, these indicators reinforce the community's emphasis on affordability and access to basic supports as foundational to health.

Table 2.2. Selected social determinates of health indicators, Lewis County, WA, and WA State, 2024.

Characteristics	Lewis County, WA	WA State
Median income		
Household	$74,796	$98,141
Families	$90,311	$118,075
Married-couple families	$101,832	$134,984
Non-family households	$36,151	$61,397
Poverty determined		
Population with poverty status available (count)	84,007	7,680,774
Below poverty level (<100% FPL)	12.2%	9.9%
Below 185% FPL	26.3%	20.2%
Below 200% FPL	28.3%	22.4%
Employment status		
In labor force	55.8%	64.5%
Unemployment rate (civilian labor force)	5.3%	5.1%
Basic needs supports		
SNAP - Households receiving (%)	16.4%	11.5%
WIC - Total participating (count)	3,013	212,634
WIC - Total redemption	$377,633.14	$122,761,277.97

Sources U.S. Census Bureau, American Community Survey (ACS) 2024 5-year estimates (income, poverty, unemployment, SNAP); Washington State Department of Health (WIC).

These social determinants of health indicators help interpret **community-identified priorities** by showing how affordability, economic stability, and basic needs supports connect directly to health outcomes and to barriers in accessing care, food, and other essential services.

2.3 Housing Stability and Cost Burden

Housing is a foundational condition for health. Stable, affordable housing supports physical and mental well-being by reducing stress, improving safety, and making it easier for households to prioritize food, healthcare, transportation, utilities, and other basic needs. When housing costs take up too much of a household's income, families may have fewer resources available to support healthy living.

In Lewis County, renters experience the highest **housing cost burden**. Nearly half of renter-occupied **households spend 30% or more of household income on housing costs**, compared with about one-third of homeowners with a mortgage. Cost burden among renters has remained consistently high over time, reflecting ongoing affordability pressures for households that may have fewer housing options or less financial flexibility.

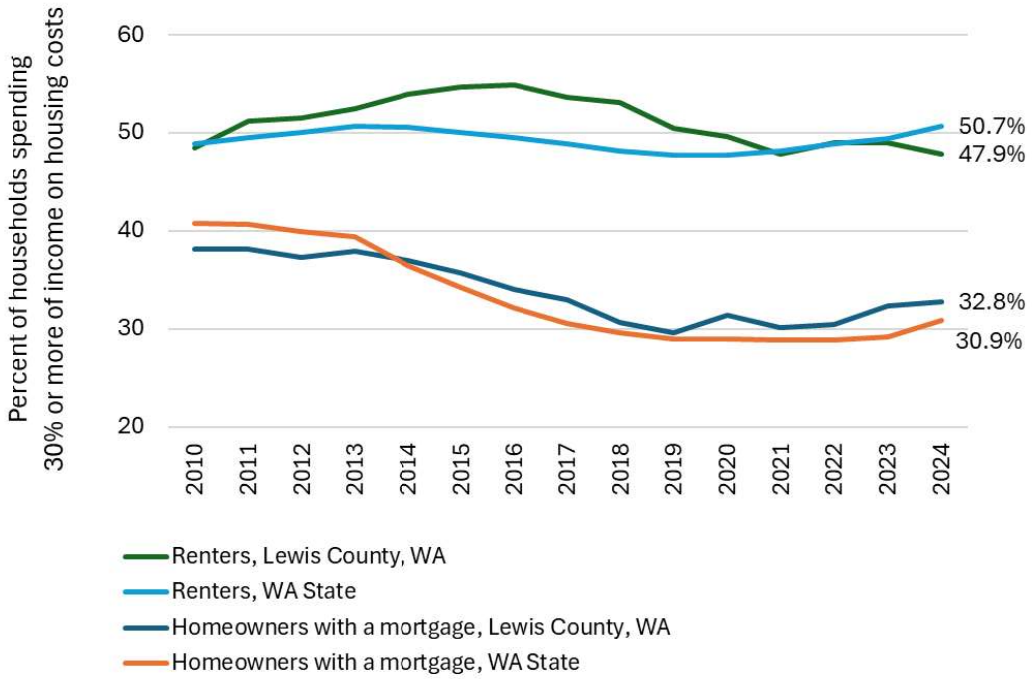


Figure 2.6. Housing cost burden among renters and homeowners with a mortgage, Lewis County and Washington State, 2010–2024.

Source U.S. Census Bureau, American Community Survey (ACS) 2024 5-year estimates, Selected Housing Characteristics, Table DP04.

Note Cost burden is defined as spending 30% or more of household income on housing costs.

Housing instability is also reflected in homelessness data. The **2025 Point-in-Time count** identified 136 **people experiencing homelessness** in Lewis County, including 52 who were unsheltered. Because the Point-in-Time count is a one-night estimate, it provides a useful snapshot but does not capture the full extent of housing instability, especially in rural communities.

Table 2.3. Point-in-Time Count, Lewis County, WA, 2025.

Measure	Lewis County, WA
Sheltered	84
Unsheltered	52
Total PIT count	136
Percent unsheltered	38.2%

Source Washington State Department of Commerce, Homelessness in Washington State: Point-in-Time Count, Lewis County, 2025.

Together, these data show that **housing affordability and stability** remain important community health issues in Lewis County.

2.4 Access to Care

Access to timely, affordable services supports prevention, early intervention, and chronic disease management. The indicators in this section provide a high-level view of access and service availability, including insurance coverage, preventive care, provider availability, and use of selected services.

Access to care is shaped by many factors, including **whether providers are available, whether residents have insurance or can afford care, whether appointments are available and close to home, and whether transportation or other barriers make it harder to follow through**. In rural communities, residents may also need to travel outside the county for some services, which can delay care or make preventive visits harder to maintain.

The measures below are grouped into three parts of access: **provider availability**, **preventive and routine care**, and **coverage and treatment access**. Together, they help show where Lewis County is similar to Washington overall and where local residents may experience greater barriers to care.

Table 2.4. Access to care measures, Lewis County, WA, and WA State, most recent year available.

Measure	Lewis County, WA	WA State
Provider availability		
Primary care provider ratio (2022)	*2080:1*	*1170:1*
Dental provider ratio (2023)	1490:1	1130:1
Mental health provider ratio (2025)	150:1	180:1
Preventative and routine care		
Well-child visits (2023)	64.0%	63.0%
First trimester prenatal care (2023)	78.0%	79.3%
Kindergarten vaccination readiness rate (2024)	84.2%	87.2%
Coverage and treatment access		
Substance use disorder treatment rate (Medicaid; 2024)	37.6%	27.7%
Uninsured rate (2023)	7.5%	4.5%

Sources Washington State Department of Health, Community Health Assessment Tool (CHAT), 2023–2024, except the provider ratio measures from County Health Rankings & Roadmaps, 2025.

Note Provider ratios show residents per provider; lower ratios generally indicate greater provider availability.

Provider Availability
Primary care, dental care, and mental health provider ratios help show whether residents may face challenges finding timely, local care when services are needed.

Preventive & Routine Care
Well-child visits, prenatal care, and vaccination readiness reflect whether residents are connecting with services early enough to support prevention and healthy development.

Coverage & Treatment Access
Uninsured rates and Medicaid substance use disorder treatment rates help show financial barriers, coverage gaps, and connection to needed treatment and support services.

2.5 Health Behaviors

Health behaviors are shaped by **individual choices, family and community conditions, and access to resources**. Nutrition, physical activity, tobacco use, alcohol use, and safety behaviors are connected to chronic disease risk, injury prevention, and long-term health, but they are also influenced by affordability, transportation, recreation access, stress, work schedules, and the environments where people live.

Adult health behavior indicators provide prevention context for Lewis County. Tobacco use, physical inactivity, and obesisty to chronic disease risk factors that are closely connected to food access, recreation opportunities, transportation, stress, and preventive care. These patterns suggest that prevention efforts should address both individual behavior and the conditions that make healthy choices easier or harder.

Youth health behavior indicators show where early prevention and support can make a difference. Physical activity, prevention education, substance use, and cyberbullying are connected to long-term health, mental well-being, and school/community safety. These indicators should be interpreted alongside family stress, social connection, school supports, and access to youth-friendly services.

Table 2.5. Selected adult health behavior indicators, Lewis County, WA, and WA State, most recent year available.

Indicator	Lewis County, WA	WA State	Year
Nutrition and physical activity			
Adults eating less than 1 serving of fruit per day	39.6%	36.4%	2021
Adults eating less than 1 serving of vegetables per day	17.4%	19.3%	2021
Adults meeting aerobic physical activity guidelines	61.6%	57.9%	2019
Adults reporting no leisure-time physical activity	19.7%	17.1%	2024
Adults with obese BMI	42.8%	31.7%	2024
Tobacco and alcohol use			
Current smoker	15.1%	8.0%	2024
Smokeless tobacco use	6.5%	2.7%	2024
Heavy alcohol consumption	3.2%	5.9%	2024
Binge drinking	15.6%	15.5%	2024
Inury Prevention			
Adults with a firearm who keep it locked and unloaded	8.2%	4.7%	2022

Source Behavioral Risk Factor Surveillance System (BRFSS), 2012–2024. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), April 2026.

Note BRFSS estimates can fluctuate year to year, especially for smaller counties. Years vary by indicator based on data availability. Differences should be interpreted as general context rather than precise rankings.

Table 2.6. Selected youth behavior indicators, 8th graders, Lewis County, WA, and WA State, 2025.

Indicator	Lewis County, WA	WA State
Physical activity and prevention education		
Children meeting aerobic physical activity guidelines	28.8%	30.3%
Did strength training for 3+ days	56.0%	56.5%
Taught about consent and healthy relationships	77.3%	71.4%
Substance use (past 30 days)		
Alcohol use	3.4%	3.9%
Cigarette use	1.0%	1.1%
Marijuana use	1.9%	2.6%
Perscription drug use (not prescribed)	1.3%	1.7%
Over-the-counter drug use	10.3%	9.1%
Safety and social connection		
Bullied in the past 30 days	30.4%	24.5%

Source Washington State Healthy Youth Survey (HYS), AskHYS Data by Location, 2025.

Note Results should be interpreted as general context and may vary by grade, question wording, and response rates.

2.6 Health Outcomes

Health outcomes reflect the combined **effects of community conditions, prevention, access to care, and individual health needs over time**. This section highlights selected measures that help describe the health of Lewis County residents, including leading causes of death, years of potential life lost, suicide, overdose-related mortality, cancer mortality, and coronary heart disease mortality.

In 2024, heart disease, cancer, and accidents were among the **leading causes of death** in Lewis County. The all-cause mortality rate increased during the pandemic period, peaked in 2021, and declined each year from 2022 through 2024. Suicide, overdose-related mortality, and years of potential life lost provide additional context for understanding preventable and early deaths, and point to opportunities for prevention, treatment, and community support.

In 2024, Lewis County had 13 **overdose deaths**. Most involved more than one substance, with stimulants involved in 11 deaths, opioids involved in 10 deaths, and methamphetamine involved in 10 deaths. Fentanyl was not reported separately because the count was fewer than 10 and suppressed under reporting rules. These patterns highlight the importance of overdose prevention, treatment access, recovery supports, and community-based services.

Table 2.7. Top ten causes of death, Lewis County, WA, and WA State, 2024.

	Lewis County, WA			WA State	
	Cause of Death	Age-adjusted rate		Cause of Death	Age-adjusted rate
	All	806.6		All	674.4
1	Diseases of Heart	187.1	1	Malignant neoplasms	134.5
2	Malignant neoplasms	163.7	2	Diseases of Heart	127.9
3	Accidents	63	3	Accidents	67
4	Chronic lower respiratory diseases	45.4	4	Alzheimer's disease	34.5
5	Cerebrovascular diseases	34.8	5	Cerebrovascular diseases	33.9
6	Alzheimer's disease	28.9	6	Chronic lower respiratory diseases	27
7	Chronic liver disease and cirrhosis	21.5	7	Diabetes mellitus	21.4
8	Diabetes mellitus	18.9	8	Intentional self-harm (suicide)	14.3
9	Nutritional deficiencies	14.1	9	Chronic liver disease and cirrhosis	12.5
10	Parkinson's disease	13.8	10	Essential (primary) hypertension and hypertensive renal disease	10.4

Source Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2014-2024.

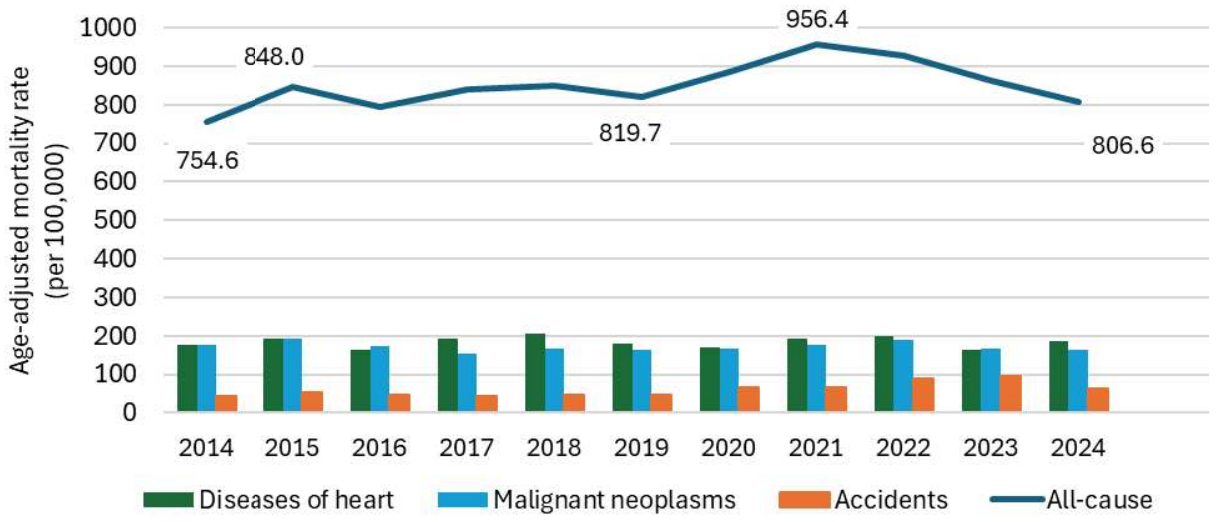


Figure 2.7. *Selected age-adjusted mortality rates, Lewis County, WA, 2014–2024.*

2.7 Environmental Public Health

Environmental exposures and disruption events can directly affect health and can worsen existing needs during periods of stress. For Lewis County, this section highlights cumulative environmental health burden and selected environmental public health indicators commonly used in public health assessment, including extreme heat and flood exposure. These indicators are especially important to interpret alongside rural geography, older age structure, housing conditions, transportation barriers, and access to services.

Overall environmental health disparities. The Environmental Health Disparities Map summarizes cumulative environmental health burden across Lewis County. The overall ranking combines 25 indicators related to environmental exposures, population characteristics, and health vulnerability. Air pollution, water quality, and wildfire smoke are included in the overall ranking, along with other environmental and population vulnerability indicators.

Figure 2.8. *Environmental Health Disparities ranking, Lewis County, WA, Version 3.0.*

Note Higher values indicate greater cumulative environmental health burden and vulnerability.

Extreme heat. Extreme heat is a commonly tracked environmental public health indicator because it can worsen chronic conditions, increase risk of heat-related illness, and create additional strain for people without reliable cooling, transportation, or stable housing. In Lewis County, this indicator provides context for interpreting vulnerability during periods of high heat, especially in rural areas where services and cooling options may be farther away.

Figure 2.9. *Extremely hot days, Lewis County, WA, 2024.*

Flooding and heavy precipitation. Flood exposure is an important local environmental health consideration because flooding can disrupt transportation, housing, utilities, drinking water, septic systems, and access to health and social services. Flood-related impacts may be especially challenging for residents with limited mobility, limited income, or fewer options to relocate or recover after an event.

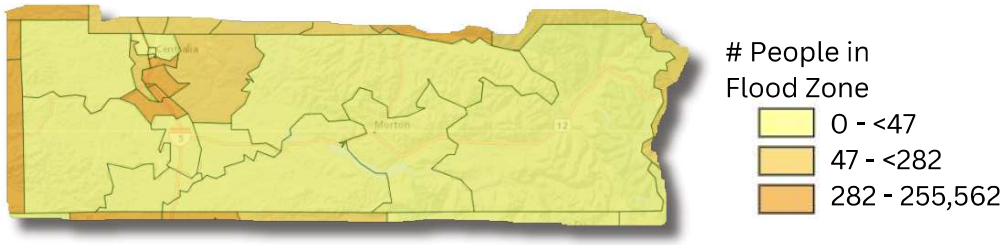


Figure 2.10. *Population in 100-year flood zone, Lewis County, WA, 2021.*

Sources WTN, DOH. Full Environmental Health Disparities Version 3 Extract; Extreme Heat indicator, published May 2024; and Population in 100-year Flood Zone indicator, using FEMA data, published September 2021.

2.8 Understanding the Data

The indicators in this chapter provide a **snapshot of health and community conditions** in Lewis County. They help show how population change, income, housing, access to care, health outcomes, and environmental conditions shape local health.

Data are important, but they do not tell the full story. Countywide numbers can hide differences between communities, neighborhoods, and groups of people. This is especially true in a large rural county, where residents may face long travel distances, limited transportation, fewer nearby services, limited broadband access, or difficulty finding and navigating resources.

For this reason, the CHA uses both **data and community input**. The data in this chapter provide measurable context. Interviews, listening sessions, youth activities, and the community survey help explain how residents and partners experience these conditions in daily life.

Chapter 3 builds on this foundation by summarizing what community members shared during the CHA process. Those findings connect the data to local priorities, community strengths, barriers, and opportunities for action.

Burley Mountain fire lookout, Lewis County, WA

3: CHA Findings

3.1 How to Read This Chapter

This chapter synthesizes community input collected for the 2025 Community Health Assessment (CHA) across multiple engagement methods, including key informant interviews, community listening sessions, the community survey, and youth input. Findings are presented as overlapping priorities—themes that surfaced consistently across methods—along with cross-cutting barriers and strengths. Detailed method-specific documentation and outputs are provided in the appendices.

3.2 Community Strengths and What's Working

Across methods, participants described Lewis County as a community where people and organizations work together to solve problems and respond when needs arise. Common strengths included collaboration among organizations, community engagement and involvement, and a culture of connection and care for one another. Participants also highlighted the role of local organizations, informal support networks, and community-driven solutions in meeting needs —especially during periods of disruption (e.g., emergencies, service gaps). These strengths provide a foundation for practical next steps that build on what is already working while addressing persistent gaps.

3.3 What Residents Describe as a "Healthy Community"

Participants described a healthy community as one where people feel connected and supported, basic needs are stable, services are accessible, and there are safe and healthy environments and spaces that support well-being. Across methods, respondents emphasized belonging and inclusion, access to services/resources, safety, and community spaces and activities that support physical and mental health.

3.4 Overlapping Priorities

Priority 1: Access to Health Care and Services Capacity

What we heard: Access to services emerged as a leading priority across community input. Participants described limited availability of services and providers, challenges obtaining timely appointments, and difficulty navigating where to start. Many noted that residents often rely on partners' knowledge and informal referral networks to find care and supports.

"Access to primary and specialty care is a challenge. Many patients cannot afford to drive up north for care, so they choose to risk their health and not go."

Why it matters for health: When care and services are difficult to access, needs can worsen over time, preventive care is delayed, and individuals may turn to crisis-driven services.

How it showed up across methods: Access to services was repeatedly emphasized in key informant priorities and barriers, surfaced in listening sessions as a characteristic of a healthy community, and appeared in survey themes focused on improving service availability and awareness.

Priority 2: Behavioral Health and Well-Being

What we heard: Behavioral health was consistently identified as a major need and challenge, including mental health support, stress management, and substance use/misuse treatment access. Youth input also emphasized the importance of having someone to talk to when stressed.

"So much of health is wrapped around being able to address behavioral health needs. Not having that service available is a challenge."

Why it matters for health: Behavioral health influences daily functioning, family stability, chronic disease management, and community safety.

How it showed up across methods: Behavioral health ranked among the most highly prioritized topics in key informant interviews and was reinforced through listening sessions and survey themes related to healthy community conditions and needs.

Priority 3: Housing Stability and Affordability

What we heard: Participants described housing as foundational to health and well-being, emphasizing stability, safety, and affordability. Several noted that housing constraints and cost burden affect broad segments of the community—not only those with the lowest incomes—and can shape workforce retention and service access.

"Housing is a spectrum—from people who do not have a place to stay at night, to people spending too much on rent, to families living in housing that does not meet their needs."

Why it matters for health: Housing instability increases stress, disrupts routines and care, and contributes to worsening physical and mental health outcomes.

How it showed up across methods: Housing was consistently identified as a priority in key informant rankings and needs discussions, and survey responses highlighted housing quality and affordability as an actionable area.

Priority 4: Economic Security and Basic Needs Affordability

What we heard: Economic security was described as a driver of multiple connected issues—housing affordability, food access, transportation feasibility, and the ability to seek care. Participants emphasized living-wage jobs, stable benefits, and affordability of essential needs.

"Some families just need a little extra help. They may not be what people think of as low income, but they are still struggling to meet needs at the end of the month."

Why it matters for health: Financial strain increases stress and limits the ability to access health care, nutritious food, stable housing, and other protective factors that support long-term health.

How it showed up across methods: Economic security appeared as a high priority in key informant rankings and was reinforced through survey themes focused on basic needs stability and economic opportunity.

Priority 5: Food Access and Nutrition Quality

What we heard: Participants recognized strong community food resources while also describing barriers related to affordability, hours, awareness, and access to nutritious options. Respondents emphasized that food needs extend beyond availability to include quality, convenience, and ability to prepare food given time and workload constraints.

*"**Parents want to feed their kids good food. They don't want to rely on processed, cheap, less nutritious food, but fresh food is out of reach for a lot of families.**"*

Why it matters for health: Food stability and nutrition quality are key drivers of chronic disease risk and management, particularly for children and older adults.

How it showed up across methods: Food access and food security emerged in key informant priorities and needs discussions and were reflected in survey themes describing healthy community characteristics and basic needs.

3.5 Cross-Cutting Barriers

Across methods, barriers clustered around transportation and rural access constraints, cost and affordability, limited provider/service availability, and difficulty navigating systems or finding accurate, up-to-date information.

Transportation emerged as a particularly consistent barrier, affecting access to health care, basic needs supports, community activities that protect mental health and social connection, and the feasibility of participating in preventive care.

These barriers reinforce one another, especially in rural settings, and help explain why coordination, service awareness, and practical access supports are essential to improving outcomes.

3.6 Transition to Next Steps

The synthesized priorities above inform the Community Health Improvement Plan (CHIP) by highlighting areas where Lewis County Public Health & Social Services can most feasibly contribute through convening, facilitation, coordination, and evidence-informed recommendations.

Chapter 4 describes practical next steps aligned with these findings.

4: From Assessment to Action

The Community Health Assessment (CHA) identifies the conditions, barriers, strengths, and priorities that shape health in Lewis County. The next step is the Community Health Improvement Plan (CHIP), which will use these findings to guide partner discussion and identify practical opportunities for action.

The CHIP will not attempt to address every issue at once. Instead, it will focus on **feasible strategies** where Lewis County Public Health & Social Services and community partners can explore opportunities for coordination, shared information, prevention, and support for community-driven solutions.

This chapter outlines how CHA findings will move into CHIP planning. The focus areas described here are intended as starting points for discussion and refinement with partners, not as final commitments on behalf of community organizations.

4.1 From CHA to CHIP

The CHA and CHIP are connected but serve different purposes. The CHA describes what was learned through community input and secondary data. The CHIP will use those findings to identify shared priorities, define practical strategies, and support coordinated action over time.

The five priorities identified in Chapter 3 provide a starting point for CHIP planning and partner discussion. These priorities are overlapping and connected; for example, transportation, affordability, service availability, and navigation barriers affect access to health care, housing stability, food access, behavioral health, and basic needs. For this reason, CHIP discussions will focus on strategies that may support multiple priorities at once.

4.2 Role of Public Health & Social Services

Lewis County Public Health & Social Services cannot address every community health priority alone. Many of the issues identified in this assessment require action across health care, housing, food systems, transportation, education, local government, community-based organizations, and residents.

The department's role in **CHIP planning** is to support shared action through convening, coordination, data sharing, communication, facilitation, and evidence-informed recommendations. This role is especially important where partners are already doing work, but shared information, alignment, or infrastructure could make that work easier to access and sustain.

4.3 Emerging CHIP Discussion Areas

Before identifying specific strategies, CHIP planning will be guided by a few practical principles. The goal is to build on work already happening in the community, focus on feasible strategies that can be supported over time, and use partner input to refine focus areas, roles, and measures. Initial focus areas are intended as starting points for discussion, not final commitments on behalf of partner organizations

Potential focus area: Community resource database
Community input repeatedly identified difficulty finding accurate, current information about services and supports. A public-facing resource database could help residents, providers, and partners identify available resources more easily. This strategy may support access to care, basic needs, food access, housing stability, behavioral health, and service navigation.

Potential focus area: Prevention through screenings and lifestyle
CHA findings also point to the importance of prevention, early identification, and practical support for healthy living. A countywide prevention campaign could focus on screenings, lifestyle, and early intervention, using clear messaging and partner-supported outreach. This strategy may connect to chronic disease prevention, access to care, health behaviors, and community education.

4.4 Tracking Progress and Looking Ahead

Once CHIP priorities and strategies are finalized with partner input, progress will be tracked using practical measures connected to the selected focus areas. Measures may include process indicators, such as partner participation, resource updates, outreach completed, or materials distributed, as well as outcome-oriented indicators where appropriate and available.

Progress will be shared back with community partners through periodic **status updates**. These updates will help maintain transparency, identify barriers, celebrate progress, and adjust strategies as conditions change. The CHIP is intended to be a living plan, not a static document.

The next **CHA cycle** will provide an opportunity to evaluate progress, revisit community priorities, and assess what changed during the CHIP period, including improvements in coordination, access, prevention, or other selected outcomes.

The CHA and CHIP process is ongoing. By moving from assessment to shared action, Lewis County Public Health & Social Services and community partners can build on existing strengths, improve coordination, and support practical changes that make it easier for residents to access resources, prevent illness, and thrive.

The CHIP will be updated as priorities, partners, measures, and implementation steps are refined.

4.5 Closing

The CHA provides a shared foundation for understanding health, strengths, barriers, and priorities in Lewis County. It reflects both available data and the experiences shared by residents, partners, and community organizations. The next step is to use this foundation to support practical, coordinated action through the CHIP process.

As priorities, partners, measures, and implementation steps are refined, Lewis County Public Health & Social Services will continue working with community partners to build on existing strengths, improve coordination, and support conditions that help residents thrive.

Carlisle Lake, Lewis County, WA

Appendix A: Planning and Kickoff Documents

Purpose and Overview

Virtual kickoff sessions were held to introduce the Community Health Assessment (CHA) process, share the planned engagement approach, and invite community participation across all data collection activities (key informant interviews, listening sessions, youth input, and community survey). Kickoff materials and related outreach documents are provided below for transparency and future reference.

Kickoff Sessions – Event Details

Two virtual CHA kickoff sessions were held on March 4, 2025, and March 5, 2025. Sessions were scheduled to offer multiple attendance options (12:00–1:00 PM and 5:30–6:30 PM) and included a brief overview presentation and a facilitated question and answer section.

Outreach and Promotion

Kickoff outreach included a public-facing flyer and supporting materials shared through partner networks and community channels. Additional outreach supported broader awareness of the CHA and promoted participation in subsequent engagement activities (listening sessions, key informant interviews, youth activity, and the community survey).

Included Materials

Figure A.1. *Kickoff session flyer, Community Health Assessment, Lewis County, WA, 2025*.


LEWIS COUNTY
COMMUNITY HEALTH ASSESSMENT KICKOFF
March 4 & 5, 2025
LEWIS COUNTY

1


LEWIS COUNTY
COMMUNITY HEALTH ASSESSMENT
PARTNER SURVEY
We are seeking input from community agencies serving Lewis County, WA to help shape our Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Your responses will guide the planning and collaboration process to address critical health issues in our community.
It only takes 3-5 minutes. Complete by March 7, 2025.
Make your agency's voice heard!
survey.sogolytics.com/r/RWPQRV
For more info email: CommunityServicesDivision@lewiscountywa.gov
Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

2


Image Source: https://www.elmhurst.edu/blog/what-is-community-health/
Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

3


What is a CHA and Why do it?
Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

4

Involvement Matters



Contact Us Partner Survey QR Code CommunityServicesDivision@LewisCountyWa.gov

Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

5

Community Health Assessment Topics

- Demographics
- Access to healthcare services
- Family, child, and senior health
- Social determinants of health / the vital conditions for health (ex. housing, food, education, built environment)
- Health behaviors (ex. physical activity, nutrition)
- Health outcomes & chronic diseases (ex. diabetes, heart disease, mental health, substance use disorders)
- Injury & violence

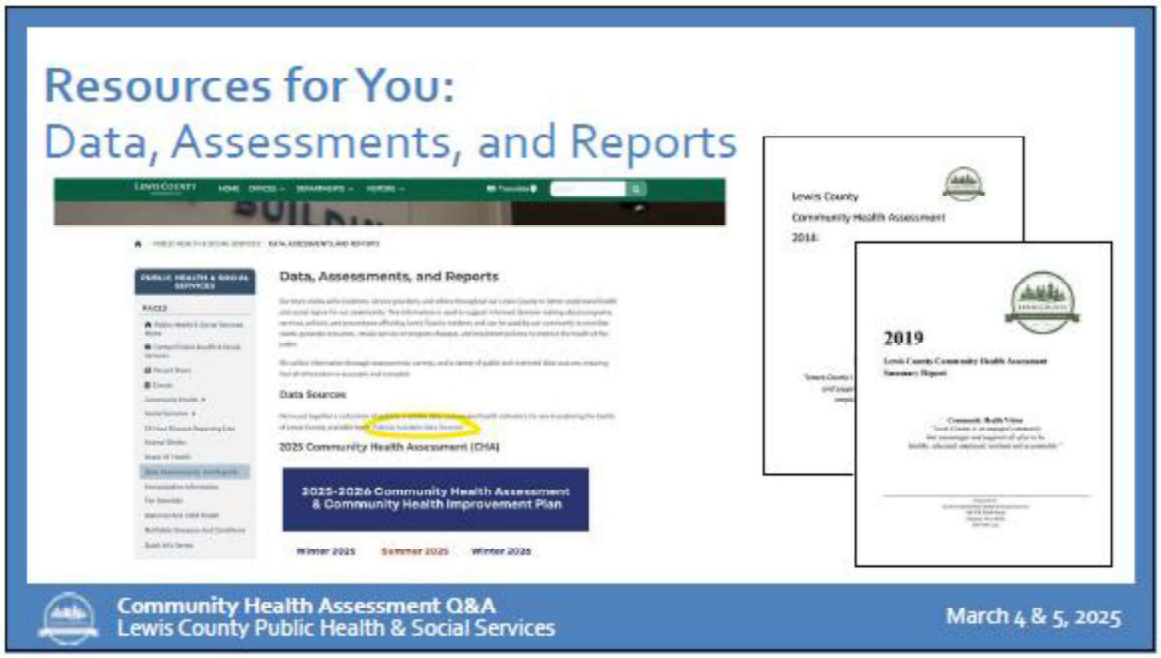
Contact Us Partner Survey QR Code CommunityServicesDivision@LewisCountyWa.gov

Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

6


Winter 2025
• Project launch
• Finalize the project plan
• Launch Partner Survey
• Host Project Q & A sessions
Summer 2025
• Launch the Community Survey
• Conduct Community Listening Sessions
Winter 2026
• Finalize & release the Community Health Assessment Report
Spring 2025
• Conduct Key Informant Interviews
• Collect and analyze existing quantitative data
Fall 2025
• Analyze data
• Review and interpret findings
• Draft report
Spring/ Summer 2026
• Bring community partners together to identify priorities for the CHP
• Identify CHIP strategies
Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

7


Resources for You:
Data, Assessments, and Reports
Data, Assessments, and Reports
Data Sources
2025 Community Health Assessment (CHA)
2025-2026 Community Health Assessment & Community Health Improvement Plan
Lewis County
Community Health Assessment
2014
2019
Community Health Assessment Q&A
Lewis County Public Health & Social Services
March 4 & 5, 2025

8

9

10

Figures A.2-A.11. *Kickoff Session presentation, Community Health Assessment, Lewis County, WA, 2025*.

Notes and Limitations

Kickoff sessions were designed for awareness and engagement rather than data collection; no formal coded findings are derived from these events. Participation in subsequent engagement activities occurred through multiple channels (online, paper, partner distribution, and community-based outreach), which may influence who was reached and who participated.

Appendix B: Key Informant Interviews

This appendix documents detailed findings from key informant (KI) interviews, including those conducted in collaboration with Providence's 2025Community Health Needs Assessment (CHNA) process and additional interviews completed to support Lewis County-wide coverage. It includes system-level barriers, opportunities, and illustrative examples. These findings inform the synthesis presented in Chapter 3.

Participation

Between March and May 2025, 41 key informant interviews were conducted with 42 participants (26 jointly with Providence and 15 conducted by Lewis County Public Health & Social Services). Interviews were primarily in person, with some conducted via Zoom, and typically lasted 15–75 minutes. Key informants were selected to represent a cross-section of sectors and organizations serving Lewis County residents, with the goal of capturing countywide perspectives on community strengths, barriers, and priority health-related needs.

Table B.1. Lewis County community key informant interview participants, Community Health Assessment, Lewis County, WA, 2025.

Organization	Name	Title	Sector
Arbor Health	Robert Mach	CEO	Health Care
Blue Zones Activate Lewis County	Shawna Herriford	Executive Director	Community Health
Capital Region ESD 113 (Educational Service District)*	LuNell Erikesen	School Nurse	K-12 Education
Cascade Community Healthcare	Leann Reed, LMFT, LMHC	Chief Operating and Clinical Officer	Health Care, Behavioral Health
Centralia College	Dr. Bob Mohrbacher	President	Higher Education
Centralia College	Robert Cox	VP of Student Services, Centralia College; President of Centralia Rotary	Higher Education, Community Organization
Centralia School District	Dr. Lisa Grant	Superintendent	K-12 Education
Chehalis United Methodist Chruch*	Zachary Taylor	Pastor	Faith Community
City of Chehalis	Lilly Wall	Parks and Recreation Director	Local Government, Community Health
City of Vader	Joey Schey	Mayor	Government
Department of Social and Health Services*	Yvonne Rivera	Community Service Office Administrator	Social Services
Economic Alliance of Lewis County	Todd Chaput	Initiatives Program Manager	Economic and Workforce Development
Gather Church, Gather Community Services	Cole Meckle	Pastor, Executive Director	Faith Community, Social Services
Health and Hope Medical Outreach	Diane Paulson	Executive Director	Health Care
Lewis County Autism Coalition*	Michelle Whitlow	Executive Director	Behavioral Health Support
Lewis County Board of County Commissioners	Sean Swope	Commissioner, Lewis County District 1	County Government
Lewis County Board of County Commissioners*	Lindsay Pollock	Commissioner, Lewis County District 2	County Government
Lewis County Board of County Commissioners*	Scott Brummer	Commissioner, Lewis County District 3	County Government
Lewis County Fire District #8	Duran McDaniel	Chief	Fire and Emergency Services
Lewis County Juvenile Court*	Lee Montgomery	Probation Officer	Government
Lewis County Public Health & Social Services	Meja Handlen	Deputy Director	Public Health
Lewis County Sherriff's Office	Chris Sweet	Chief	Law Enforcement
Lewis County Transit	Sonya Byrd	Operations Manager	Transportation
Lewis-Mason-Thurston Area Agency on Aging*	Hannah Sheets	Case Mangement Supervisor - Title 19 Program, Lewis County Office Supervisor	Social Services
Lewis-Mason-Thurston Area Agency on Aging*	Kathy Howard	Family Caregiver Services Supervisor	Social Services
Livable Packwood	Van Anderson	President	Social Services, Food Security, Housing
Mossyrock School District*	Alyssa Ramirez	Migrant Education Coordinator	K-12 Education
Napavine School District	Kalie Potter, RN, BSN	School Nurse	K-12 Education, Health Care
Nature Nurture Farmacy*	Dr. Alicia Spalding	Executive Director, Founder, and Practicing Naturopathic Doctor	Health Care
Northwest Pediatrics Center	Lily Lo, MD	Executive Director	Health Care
Northwest Pediatrics Center	Rebekah Miner	Nurst Practitioner	Health Care
Pope's Place	Angela Dickson	Executive Director	Health Care, Social Services
Reliable Enterprises	Andy Skinner	Executive Director	Social Services
Schine Health, PLLC*	Patric Schine	Medical Director	Health Care
St. Peter Family Medicine Chehalis Rural Training Program	Miguel Lee, MD	Family Medicine Physician, Program Director	Health Care
The Salvation Army, Centralia	Gin Pack	Captain	Social Services, Food Security, Housing
Timber River Connections	Nicole Barr	Executive Director	Social Services, Older Adults
Timberland Regional Library	Judi Brummett	Regional Manager	Education, Community Health
Valley View Health Center	Gaelon Spradley	Chief Executive Officer	Health Care, Federally Qualified Health Center
WSU Extension SNAP-Ed Thurston/Lewis County*	Amanda Musser	SNAP-Ed Program Coordinator	Food Security
WSU Lewis County Extension*	Jason Adams	Program Coordinator, Master Gardners & Master Recycle Composters	Education
Youth Advocacy Center, Community Action Council	Katrina Wulff	Care Coordinator / Advocate	Social Services, Children and Youth

Note (*) indicates a key informant interview particpant jointly interviewed by Lewis County Public Health & Social Services and Providence Centralia Hospital.

Approach

Key informant interviews followed a semi-structured facilitation guide with the following core components:

- Introduction and consent (recording and quoting preferences).
- Participant identification (name/title/organization as it should appear in reporting).
- Community served (geographies and populations served by the participant's organization).
- Community strengths (asset-based prompt to describe a time the community worked together successfully).
- Unmet health-related needs discussion (including social determinants/drivers of health, disproportionately affected populations, barriers, service gaps, and what could be done).
- Priority ranking exercise (participants ranked the top health-related topics for the population they serve), see next page for Figure B.1.
- Organizational capacity (capacity to address prioritized needs and other needs raised).
- Environmental hazards and resilience (e.g., wildfire smoke, power outages, extreme weather) and impacts on priority needs.
- Initiatives that are working well (1–2 programs/initiatives and why they are effective).
- Optional: Characteristics of a healthy community; closing question for any additional input.

The guide included suggested time allocations for each section (approximately 45–60 minutes total), and facilitators used probes to clarify populations affected, barriers, gaps, and feasible actions.

Question 5: Using the table below, please identify the five most important topics related to health that need to be addressed for the persons your organization serves (1 being most important). Please note, these needs are listed in alphabetical order. Detailed definitions of each topic are included below.			
	Access to affordable childcare and preschools		Human trafficking
	Access to community recreation (e.g. parks, playgrounds, sports leagues)		Infectious diseases
	Access to dental care		Injury and violence
	Access to health care services		Job skills / technical training / higher education
	Access to outdoor recreation (e.g. trails, hunting, etc.)		Maternal and child health
	Access to transportation (safe, reliable, affordable)		Opportunities for community engagement (e.g. volunteering, music in the park, local
	Behavioral health challenges and access to care (includes both mental health and substance use/misuse)		Public safety and crime prevention
	Chronic conditions (e.g. heart disease, cancer, diabetes) *(please specify which chronic conditions)* ***cancer, diabetes, hypertension***		Quality K-12 education
	Domestic violence and child abuse/neglect		Racism and discrimination
	Economic security (Living wage jobs and employment		Safe and affordable housing and homelessness
	Environmental concerns (e.g. extreme heat, smoke/air quality, clean water access)		Safe road conditions / traffic safety
	Food security (Access to healthy and affordable foods)		Support for aging adults/seniors
	Harassment and intimidation		Support for those with disabilities
	Other: Access to Information/Education, health literacy		Access to green spaces

Figure B.1. *Key informant interview priority topics, Community Health Assessment, Lewis County, WA, 2025.*

Analysis

Data preparation and management

Interview notes and/or recordings were compiled following each session. Participant preferences for attribution and use of quotes were respected. Interview metadata (date, modality, organization/sector, and geography/populations served) were tracked to support countywide interpretation and to ensure representation beyond hospital catchment areas.

Qualitative coding approach (Dedoose)

Interviews were analyzed using qualitative coding in Dedoose. Coding used a shared codebook aligned with Providence's 2025 CHNA approach and adapted for Lewis County-wide coverage. Codes were applied to capture (1) community strengths, (2) unmet needs and priority areas, (3) barriers to accessing services and resources, (4) populations disproportionately affected, (5) environmental hazards and resilience, (6) characteristics of a healthy community, and (7) initiatives that are working well. Coding was used to organize themes discussed during the interviews; code presence summaries reflect whether a theme was mentioned at least once in an interview (not the length or intensity of discussion).

Theme "presence" summaries

To describe the breadth of topics discussed across interviews, results are presented as code presence (the number and percent of interviews in which a theme was mentioned at least once). Presence-based summaries reduce double-counting when a theme is discussed multiple times in the same interview and support comparison across other CHA methods (listening sessions, survey open-ended responses, and youth engagement).

Priority ranking analysis

Interviews included a structured priority-ranking exercise in which participants selected and ranked the top five priority health-related topics for the populations their organizations serve. Composite scores were calculated using rank weights (Priority 1 = 5 points, Priority 2 = 4, Priority 3 = 3, Priority 4 = 2, Priority 5 = 1). Topics were also summarized by frequency of inclusion (percent of interviews that included the topic in the top five, regardless of position). These summaries provide complementary signals: composite score reflects relative prioritization, while inclusion frequency reflects how consistently a topic appeared among top priorities.

Nonstandard responses. When participants listed multiple topics within a single rank (e.g., ties), points for that rank were distributed evenly across the listed topics. When participants provided fewer than five ranked items, missing ranks were coded as NA and excluded from topic totals (see notes under the priority ranking results table).

Method-to-output map (how interview sections relate to reported results)

Interview sections are summarized in the report using the following outputs. This mapping clarifies which reported results reflect structured prompts versus themes that emerged during discussion and were organized through qualitative coding:

- **Community served** (structured prompt): Used to describe the geographies and populations reflected in the KI perspectives; informs interpretation of who the ranked priorities were intended to represent.
- **Community strengths** (structured prompt): Summarized as strengths themes (code presence) and illustrative quotes; used to open the Results chapter with an asset-based framing.

- **Unmet needs + barriers + service gaps** (structured prompt): Summarized as (a) ranked priorities (see Priority ranking exercise) and (b) qualitative themes discussed (NEEDS and BARRIERS code presence), with quotes illustrating lived experience and service navigation challenges.
- **Priority ranking exercise** (structured prompt): Reported as a ranked priority list and composite score tables/charts; also reported as frequency of inclusion in the top five.
- **Organizational capacity and feasible actions** (structured prompt): Summarized as implementation insights (what is practical for partners and Public Health & Social Services to facilitate) and used to inform 'What Next' and Community Health Improvement Plan (CHIP)-aligned recommendations.
- **Environmental hazards and resilience** (structured prompt): Summarized as environmental hazard themes and context statements were relevant (e.g., smoke/air quality, power outages, extreme weather).
- **Initiatives that are working well** (structured prompt): Summarized as examples of community assets and successful approaches already in place; used to highlight what is already working and where efforts can be scaled.
- **Healthy community characteristics** (optional prompt): Summarized as 'what makes a community healthy' themes to contextualize strengths and inform positive framing.

Findings

Priority ranking results

The priority ranking exercise summarizes what key informants identified as the most urgent health-related needs for the communities their organizations serve. Composite scores weigh higher-ranked priorities more heavily; results are presented alongside notes on incomplete rankings (Table B.2).

Table B.2. Key informant priority ranking results (composite score), Community Health Assessment, Lewis County, WA, 2025.

Rank	Topic	Composite score	Percent of total
1	Access to health care services / Access to dental care	99	15.9%
2	Behavioral health	94	15.1%
3	Housing	68	10.9%
4	Economic security	55	8.8%
5	Childcare	46	7.4%
6	Food security	41	6.6%
7	Chronic conditions	34	5.5%
8	Older adults support	30	4.8%
9	Transportation	29	4.7%
10	Education K-12	16	2.6%
11	Public safety	16	2.6%
12	Community engagement	15	2.4%
13	DV and child abuse	11	1.8%
14	Community recreation	10	1.6%
15	Jobs skills and higher education	10	1.6%
16	Disabilities support	8	1.3%
17	Environmental concerns	7	1.1%
18	Human trafficking	7	1.1%
19	Other	7	1.1%
20	Outdoor recreation	7	1.1%
21	Harassment and intimidation	5	0.8%
22	Infectious diseases	5	0.8%
23	Maternal and child health	2	0.3%
24	Roads/traffic safety	1	0.2%

Notes Two interviews contained incomplete rankings. In one interview, Priority ranks 3-5 were not provided; in another, Priority 5 was not provided. Missing ranks were coded as NA during scoring (NA = 7 points) and were excluded from topic totals shown above. Lower-percentage topics reflect fewer ranked selections and should be interpreted as less frequently prioritized within the ranking exercise; they may still represent important concerns for specific populations or contexts.

Strengths and what's working

Participants described a strong culture of collaboration and problem-solving in Lewis County. Many examples were informal acts of coordination (e.g., helping someone navigate services or access transportation), while others were established efforts that build durable capacity. The examples below were raised by key informants and are not an exhaustive inventory.

What informants described as strengths-in-action

Across interviews, participants described Lewis County as a rural community where distance and limited service capacity can make access to services challenging. At the same time, they emphasized a strong culture of pulling together when needs arise—sharing information, coordinating referrals, and finding practical solutions to help neighbors access essentials. Many examples were informal acts of coordination rather than formal programs but were described as critical to preventing needs from escalating. For a summary of strengths, see Table B.3.

During disruptions (e.g., floods, wildfires, public health emergencies), participants described how this collaboration scales into coordinated response across organizations and jurisdictions—supporting immediate needs, recovery, and continuity of care.

Table B.3. Key informant interview strengths - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Collaboration	30	73.2%
Community engagement and involvement	18	43.9%
Community organizations/resources	16	39.0%
Responsiveness/flexibility	14	34.1%
Caring	3	7.3%
Community knowledge/wisdom	2	4.9%
Resilience	1	2.4%

Examples highlighted by informants (named initiatives and collaborations)

- *Shalom Village*: A church-led consortium developing a tiny house village in Centralia, described as a community-driven effort to expand housing stability options and build local capacity to respond to homelessness.
- *United Way of Lewis County – United Learning Center* (opening 2026): A multi-partner initiative described as building childcare/learning supports for families, with potential long-term protective impacts for health and economic stability.
- *Packwood Clinic*: A collaboration between the Packwood community and Arbor Health to expand rural access to family practice care and reduce travel burden for basic health services.
- *Dial-a-Ride / senior access supports* (COVID-era adaptation): A transportation and delivery approach described as helping older adults maintain access to meals, prescriptions, and essential needs when in-person services were disrupted.
- *Livable Packwood*: A community-based effort described as supporting access to basic needs and services in the East County area, including coordination around food access and practical supports for residents facing distance and transportation barriers.
- *Toledo Neighbors Program*: A local community support and food-access effort described as helping residents meet basic needs through flexible, community-driven assistance and “outside the traditional model” service delivery.

Why this matters for the CHA and next steps

These examples illustrate a consistent theme: collaboration is a core mechanism Lewis County already uses to protect health. Participants also emphasized that coordination often relies on personal knowledge of resources and relationships. Strengthening shared navigation and keeping resource

information current—so people can find the right services quickly—was repeatedly described as a practical opportunity to build upon existing strengths.

Needs

To describe the breadth of needs discussed across interviews, results are summarized as theme presence (whether a theme was mentioned at least once in an interview, Table B.4). Presence complements the ranking exercise by highlighting needs that came up widely in discussion, including as contextual factors.

Table B.4. Key informant interview needs - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Access to health care services	32	78.0%
Behavioral health challenges and access to care	30	73.2%
Safe and affordable housing and homelessness	25	61.0%
Food security (Access to healthy and affordable foods)	24	58.5%
Economic security (Living wage jobs and employment	20	48.8%
Access to transportation (safe, reliable, affordable)	19	46.3%
Access to affordable childcare and preschools	16	39.0%
Chronic conditions	12	29.3%
Opportunities for community connection & engagement (e.g. volunteering, local events)	12	29.3%
Support for aging adults/seniors	11	26.8%
Access to dental care	10	24.4%
Public safety and crime prevention	9	22.0%
Interconnected	6	14.6%
Infectious diseases	6	14.6%
Access to community recreation (e.g. parks, playgrounds, sports leagues)	5	12.2%
Other	4	9.8%
Domestic violence and child abuse/neglect	4	9.8%
Quality K-12 education	4	9.8%
Support for those with disabilities	4	9.8%
Safe road conditions / traffic safety	3	7.3%
Access to outdoor recreation (e.g. trails, hunting, etc.)	2	4.9%
Human trafficking	2	4.9%
Job skills / technical training / higher education	2	4.9%
Maternal and child health	2	4.9%
Environmental concerns (e.g. extreme heat, smoke/air quality, clean water access)	1	2.4%
Harassment and intimidation	1	2.4%
Racism and discrimination	1	2.4%
Injury and violence	0	0.0%

Barriers

Key informants discussed barriers that limit access to services and contribute to unmet needs. Barriers are summarized by theme presence to show how commonly each barrier was raised across interviews (Table B.5).

Table B.5. Key informant interview barriers - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Transportation	22	53.7%
Income/benefits	21	51.2%
No Providers/Limited Providers	21	51.2%
Cost	20	48.8%
Lack of information and resources to navigate	18	43.9%
Funding	16	39.0%
Workforce challenges	14	34.1%
Wait lists	11	26.8%
Trust	6	14.6%
Policy	6	14.6%
Lack of interest/perceived need	5	12.2%
Hours of operation	5	12.2%
Cultural and language barriers	4	9.8%
Stigma	4	9.8%
Poor quality of care	1	2.4%
Immigration/fear/documentation	1	2.4%
Technology	1	2.4%

Populations disproportionately affected

Participants identified specific populations that may experience disproportionate impacts from barriers and unmet needs. These themes are summarized by presence and help contextualize considerations for planning (Table B.6).

Table B.6. Key informant interview populations disproportionately affected - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Youth/Young People	18	43.9%
Rural	17	41.5%
Aging Adults / Seniors	16	39.0%
People with low incomes	12	29.3%
People experiencing homelessness	8	19.5%
CYSHCN (Children and Youth with Special Health Care Needs)	5	12.2%
Latinx/Hispanic community	5	12.2%
People w behavioral health challenges	4	9.8%
Adults with disabilities	2	4.9%
LGBTQ+	2	4.9%
Veterans	2	4.9%
Immigrants	1	2.4%
BIPOC (Bl;ack, Indigenou, and People of Color)	1	2.4%

Environmental health hazards

Interviewees described environmental hazards and disruptions that affect health and can exacerbate existing needs (e.g., smoke/air quality, flooding, power outages). Themes are summarized by presence in Table B.7.

Table B.7. Key informant interview environmental health hazards - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Wildfires/smoke	16	39.0%
Extreme weather events	15	36.6%
Power outages	14	34.1%
Floods	11	26.8%

Characteristics of a healthy community

Participants also described characteristics of a healthy community. These themes provide an asset-based lens and help frame what residents value when considering solutions (Table B.8).

Table B.8. Key informant interview characteristics of a healthy community - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=41)	Percent of interviews
Basic needs are met	23	56.1%
Access to resources/services	21	51.2%
Connection and care for one another	18	43.9%
Community involvement and engagement	11	26.8%
Inclusion and belonging	10	24.4%
Organizations collaborate	7	17.1%
Green spaces	4	9.8%
Community spaces	2	4.9%

Limitations

See Section 1.5 for the full limitations discussion. Key informant limitations are summarized here for convenience:

- Key informants are not a random sample; findings reflect perspectives of participating organizations and sectors.
- Forced ranking of interrelated issues may understate topics viewed as equally important.
- Findings reflect the March–May 2025 collection period and may shift as conditions change.

Appendix C: Community Listening Sessions

Overview and Method

Community listening sessions were conducted as part of the 2025 Community Health Assessment (CHA) to gather qualitative input on community strengths, needs, barriers, and priorities in Lewis County. Sessions were facilitated group discussions held across multiple locations and partner venues to support countywide coverage and to meet people where they already gather.

A semi-structured discussion guide was used, with core prompts focused on: community strengths; health concerns and unmet needs; barriers to services and supports; priority populations; and opportunities for improvement. Prompts were adapted as needed based on setting, participant group, and time available. Participant input was documented through facilitator notes and session materials.

Listening session notes and summaries were reviewed and coded into broad thematic groupings to support summary across sessions. Only the four structured listening sessions were included in coded analysis (n=4); sessions marked with an asterisk in Table C.1 were documented but not coded. Because listening sessions are qualitative and participation varied by setting, findings should be interpreted as community input rather than representative countywide estimates.

Listening Session Discussion Guide Summary

Listening sessions used a facilitated discussion guide developed by Providence. Sessions began with an introductory activity asking participants to reflect on what "community" meant to them and to draw a picture representing their community. Participants were then invited to briefly introduce themselves and share something about the community shown in their drawing.

Facilitators introduced a broad definition of health that included physical, mental, social, and community well-being, as well as the conditions in homes and communities that help people remain healthy.

Discussion centered on four primary questions:

1. **Vision:** What does a healthy community look like?
2. **Needs:** What is needed, or what more could be done, to help the community become healthier?
3. **Future action:** What could be done over the next three to five years to improve community health?
4. **Strengths:** What programs, places, organizations, people, or other resources currently help the community stay healthy?

The sessions were conversational, and facilitators used follow-up prompts as needed to support discussion and clarify participant perspectives.

Outreach Materials

Image C.1 is included as an example of outreach materials used to promote listening sessions and invite participation in the CHA. Outreach materials were tailored by location and audience and distributed through partner networks and community posting locations (e.g., senior centers, libraries, bulletin boards).

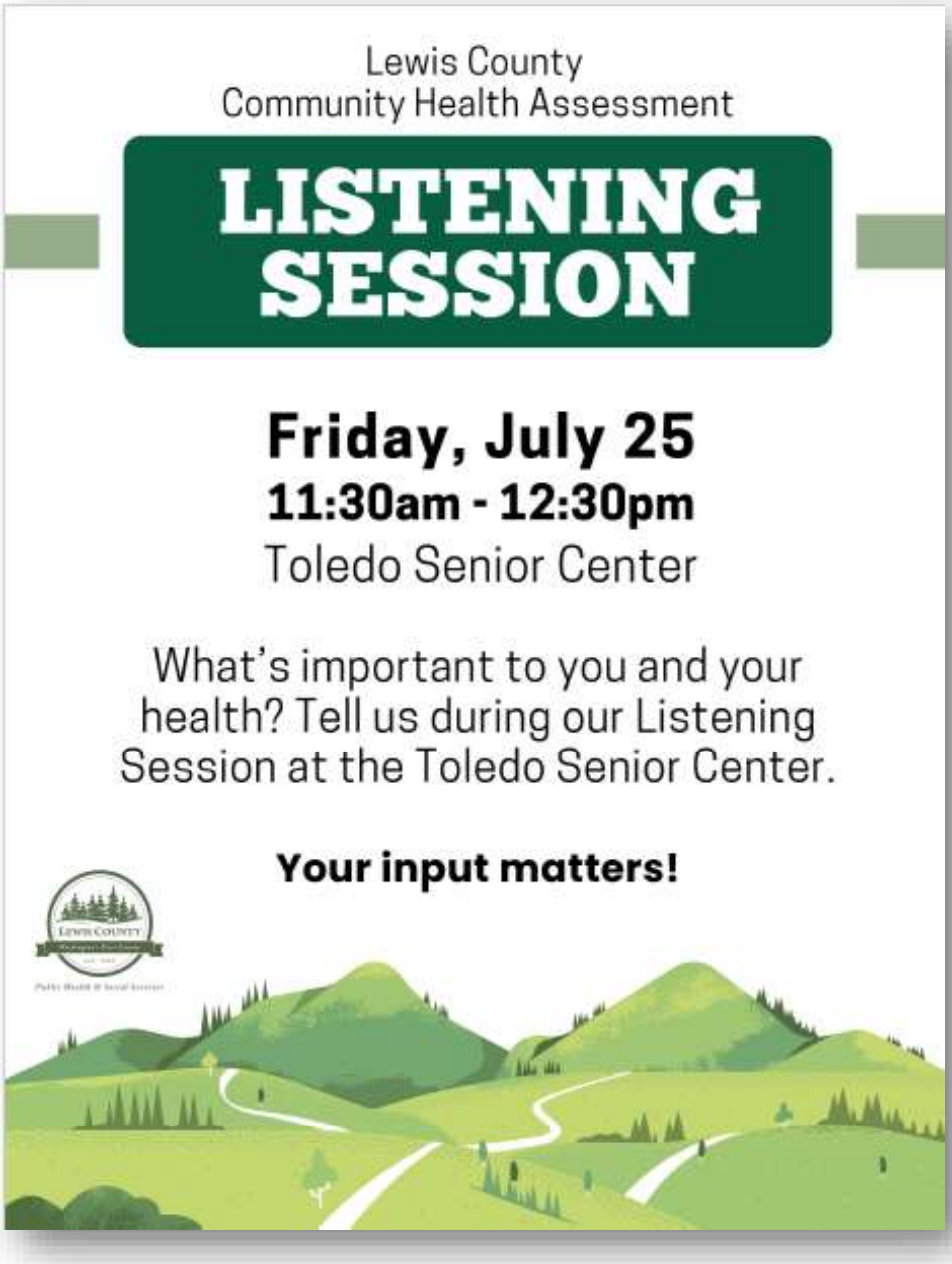


Figure C.1. *Listening session flyer, Community Health Assessment, Lewis County, WA, 2025*.

Listening Session Locations, Dates, and Participation

Listening session sites were selected to support countywide coverage and to meet people where they already gather (e.g., senior centers, civic groups, service-connected settings, and a Spanish-speaking community space). Table C.1 summarizes session locations, dates, formats, and participation where available.

Table C.1. Lewis County community listening sessions, Community Health Assessment, Lewis County, WA, 2025.

Community partner organization	Population	Location	Date	Language
Centralia Rotary*	Community leaders, males	Centralia, WA	6/3/25	English
Comunicativo	Adults from Latinx communities	Centralia, WA	6/20/25	Spanish
Gather Community Services	Adults in behavioral health recovery	Centralia, WA	5/20/25	English
Packwood Senior Center*	Adults aged 65 years and older	Packwood, WA	8/6/25	English
Pe Ell Senior Center*	Adults aged 65 years and older	Pe Ell, WA	7/28/25	English
Reliable Enterprises	Parents with lived experience of homelessness	Centralia, WA	5/20/25	English
Timber River Connections	Adults aged 65 years and older	Chehalis, WA	5/30/25	English
Toledo Senior Center*	Adults aged 65 years and older	Toledo, WA	7/25/25	English

Note * indicates a planned listening session that evolved into a general discussion and community survey outreach activity. These discussions generated useful input, but most did not fully follow the structured listening session format.

Approach to Analysis

Listening session notes and summaries were reviewed and coded into broad thematic groupings. Only the four structured listening sessions were included in coded analysis (n=4); sessions marked with an asterisk in Table C.1 were documented but not coded. Themes were identified based on recurring topics, shared concerns, and issues raised across one or more sessions. Similar responses were grouped together to support synthesis of participant input while retaining the general meaning of the original comments.

Where appropriate, themes may be summarized by frequency, number of sessions in which they appeared, or other descriptive approaches. Because listening sessions were qualitative and participation varied by setting, results should be interpreted as community input rather than representative countywide findings.

Findings

The findings below reflect coded results from the structured community listening sessions only. Sessions marked with an asterisk in Table C.1 shifted into general discussion and community survey outreach and were not included in coded listening session analysis; coded findings reflect structured sessions (n=4).

Code presence totals indicate the number of structured listening sessions in which a code was identified, rather than the number of times a topic was mentioned across discussions. Because counts reflect sessions (not mentions), percentages should be interpreted as consistency across groups rather than volume of discussion.

The subsections below follow the listening session discussion flow; tables summarize theme presence across coded sessions.

Characteristics of a healthy community

Listening sessions included discussion of what a healthy community looks like. Participants emphasized that a healthy community is one where basic needs are met, residents can access resources and services, and people feel connected and supported (Table C.2). This "healthy community" framing helps keep the CHA asset-based and supports CHIP planning that builds on what is already working while addressing gaps.

Table C.2. Community listening sessions characteristics of a healthy community - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=4)	Percent of listening sessions
Safety and emergency response	4	100.0%
Access to resources/services	4	100.0%
Connection and care for one another	4	100.0%
Green spaces and recreation	4	100.0%
Basic needs are met	3	75.0%
Community involvement and engagement	3	75.0%
Inclusion and belonging	2	50.0%

Note Counts reflect the number of structured listening sessions in which a code was identified. Sessions marked with an asterisk in Table C.1 were not included in the coded analysis. Only codes identified in one or more structured listening sessions are shown.

Priority needs and concerns discussed

Needs raised during listening sessions (Table C.3) largely align with themes emerging from other CHA methods: participants emphasized access to health care, behavioral health, housing stability, and basic needs such as food and transportation. Several themes were described as interconnected—e.g., housing and economic security shaping food access, stress, and the ability to seek care. These results support the use of a synthesized "overlapping priorities" findings chapter, since the same needs frequently surfaced across multiple settings.

Table C.3. Community listening sessions needs - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=4)	Percent of listening sessions
Leadership and Government	4	100.0%
Access to health care services	4	100.0%
Behavioral health challenges and access to care	4	100.0%
Public safety and crime prevention	4	100.0%
Resources and communication	3	75.0%
Access to community recreation	3	75.0%
Opportunities for community connection & engagement	3	75.0%
Quality K-12 education	3	75.0%
Safe and affordable housing and homelessness	3	75.0%
Kindness and empathy	2	50.0%
Access to transportation (safe, reliable, affordable)	2	50.0%
Domestic violence and child abuse/neglect	2	50.0%
Food security (access to healthy and affordable foods)	2	50.0%
Access to affordable childcare and preschools	1	25.0%
Harassment and intimidation	1	25.0%
Job skills / technical training / higher education	1	25.0%
Maternal and child health	1	25.0%
Safe road conditions / traffic safety	1	25.0%
Support for aging adults/seniors	1	25.0%

Note Counts reflect the number of structured listening sessions in which a code was identified. Sessions marked with an asterisk in Table C.1 were not included in the coded analysis. Only codes identified in one or more structured listening sessions are shown.

Barriers to accessing services and supports

In addition to identifying needs, participants described barriers that make it difficult for residents to use existing resources (Table C.4). Barriers most often relate to transportation and distance, cost and affordability, and difficulty navigating systems or knowing where to start. Where appropriate, the CHA synthesis will connect these barriers to practical strategies (e.g., strengthening referral pathways, improving service navigation, and reducing the "information gap" through centralized, up-to-date resource information).

Table C.4. Community listening sessions barriers - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=4)	Percent of listening sessions
No Providers/Limited Providers	3	75.0%
Income/benefits	2	50.0%
Lack of Info & Resources to Navigate	2	50.0%
Funding	1	25.0%
Policy	1	25.0%
Poor quality of care	1	25.0%
Stigma	1	25.0%
Wait lists	1	25.0%

Note Counts reflect the number of structured listening sessions in which a code was identified. Sessions marked with an asterisk in Table C.1 were not included in the coded analysis. Only codes identified in one or more structured listening sessions are shown.

Strengths and what's working

Across sessions, participants identified strengths that reflect Lewis County's capacity to respond to challenges and care for one another. The most frequently described strengths (Table C.5) center on collaboration and informal problem-solving, along with the role of community organizations and engaged residents in meeting needs. These strengths provide important context for the CHA: even when systems are strained, community members described local networks and partnerships as essential "connective tissue" that helps people navigate services and recover from disruptions.

.

Table C.5. Community listening sessions strengths - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=4)	Percent of listening sessions
Community organizations/resources	4	100.0%
Community engagement and involvement	3	75.0%
Caring	2	50.0%
Inclusion and belonging	2	50.0%
Natural resources and quality of life	2	50.0%
Affordability	1	25.0%
Collaboration	1	25.0%
Community knowledge/wisdom	1	25.0%

Note Counts reflect the number of structured listening sessions in which a code was identified. Sessions marked with an asterisk in Table C.1 were not included in the coded analysis. Only codes identified in one or more structured listening sessions are shown.

Notes on Interpretation and Limitations

Findings presented in this appendix reflect the perspectives shared by listening session participants in the settings where sessions were conducted. Results are qualitative in nature and are intended to document participant input, not to estimate prevalence or represent the views of all Lewis County residents. Participation varied across sessions, and the depth and detail of responses differed by group, setting, facilitator approach, and available time.

Appendix D: Community Survey

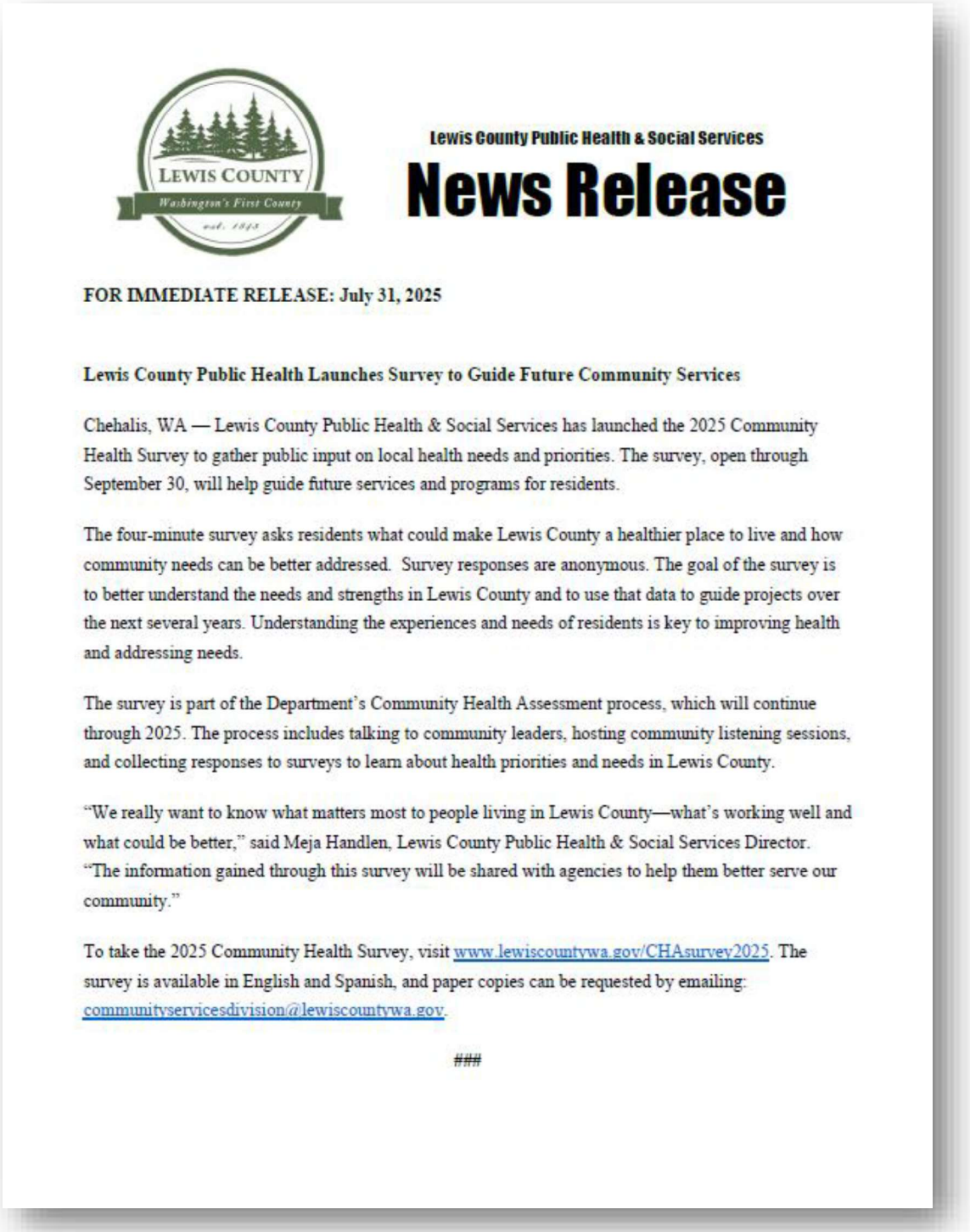
Participation

A total of 127 surveys were received; three were removed because respondents indicated they were not Lewis County residents, resulting in 124 usable responses (including three Spanish-language submissions). The survey was offered in English and Spanish and was available in both online and paper formats.

Survey Administration and Outreach

The community survey was conducted from July 22 through September 30, 2025. Outreach and distribution included community meetings, partner sharing to clients/patients, a press release, a public kick-off, online distribution, paper copies, bilingual flyers, and placement at community locations across the county (e.g., libraries, senior centers, bulletin boards), as well as event-based distribution.

Figure D.1. *Survey outreach flyer, Community Health Assessment, Lewis County, WA, 2025.*



Lewis County Public Health & Social Services

News Release

FOR IMMEDIATE RELEASE: July 31, 2025

Lewis County Public Health Launches Survey to Guide Future Community Services

Chehalis, WA — Lewis County Public Health & Social Services has launched the 2025 Community Health Survey to gather public input on local health needs and priorities. The survey, open through September 30, will help guide future services and programs for residents.

The four-minute survey asks residents what could make Lewis County a healthier place to live and how community needs can be better addressed. Survey responses are anonymous. The goal of the survey is to better understand the needs and strengths in Lewis County and to use that data to guide projects over the next several years. Understanding the experiences and needs of residents is key to improving health and addressing needs.

The survey is part of the Department's Community Health Assessment process, which will continue through 2025. The process includes talking to community leaders, hosting community listening sessions, and collecting responses to surveys to learn about health priorities and needs in Lewis County.

"We really want to know what matters most to people living in Lewis County—what's working well and what could be better," said Meja Handlen, Lewis County Public Health & Social Services Director. "The information gained through this survey will be shared with agencies to help them better serve our community."

To take the 2025 Community Health Survey, visit www.lewiscountywa.gov/CHAsurvey2025. The survey is available in English and Spanish, and paper copies can be requested by emailing: communityservicesdivision@lewiscountywa.gov.

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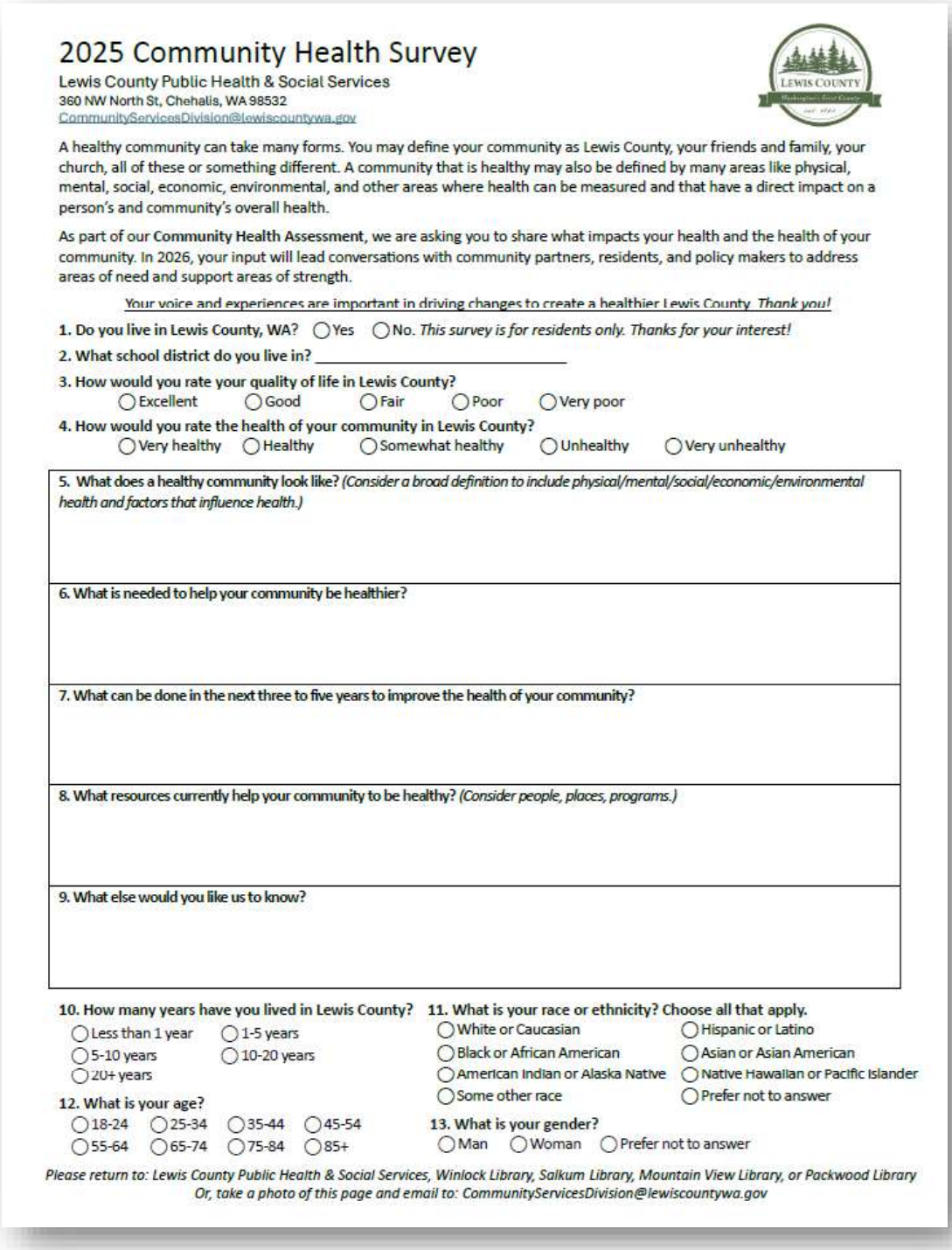
Figure D.2. *Press release, Community Health Assessment, Lewis County, WA, 2025.*

D.3 Survey Instrument

The full survey instrument is provided for transparency and future reference.



2025 Community Health Survey

Lewis County Public Health & Social Services
360 NW North St, Chehalis, WA 98532
CommunityServicesDivision@lewiscountywa.gov

A healthy community can take many forms. You may define your community as Lewis County, your friends and family, your church, all of these or something different. A community that is healthy may also be defined by many areas like physical, mental, social, economic, environmental, and other areas where health can be measured and that have a direct impact on a person's and community's overall health.

As part of our **Community Health Assessment**, we are asking you to share what impacts your health and the health of your community. In 2026, your input will lead conversations with community partners, residents, and policy makers to address areas of need and support areas of strength.

Your voice and experiences are important in driving changes to create a healthier Lewis County. *Thank you!*

1. Do you live in Lewis County, WA? ◯ Yes ◯ No. *This survey is for residents only. Thanks for your interest!*

2. What school district do you live in? _____

3. How would you rate your quality of life in Lewis County?
◯ Excellent ◯ Good ◯ Fair ◯ Poor ◯ Very poor

4. How would you rate the health of your community in Lewis County?
◯ Very healthy ◯ Healthy ◯ Somewhat healthy ◯ Unhealthy ◯ Very unhealthy

5. What does a healthy community look like? *(Consider a broad definition to include physical/mental/social/economic/environmental health and factors that influence health.)*

6. What is needed to help your community be healthier?

7. What can be done in the next three to five years to improve the health of your community?

8. What resources currently help your community to be healthy? *(Consider people, places, programs.)*

9. What else would you like us to know?

10. How many years have you lived in Lewis County?
◯ Less than 1 year ◯ 1-5 years
◯ 5-10 years ◯ 10-20 years
◯ 20+ years

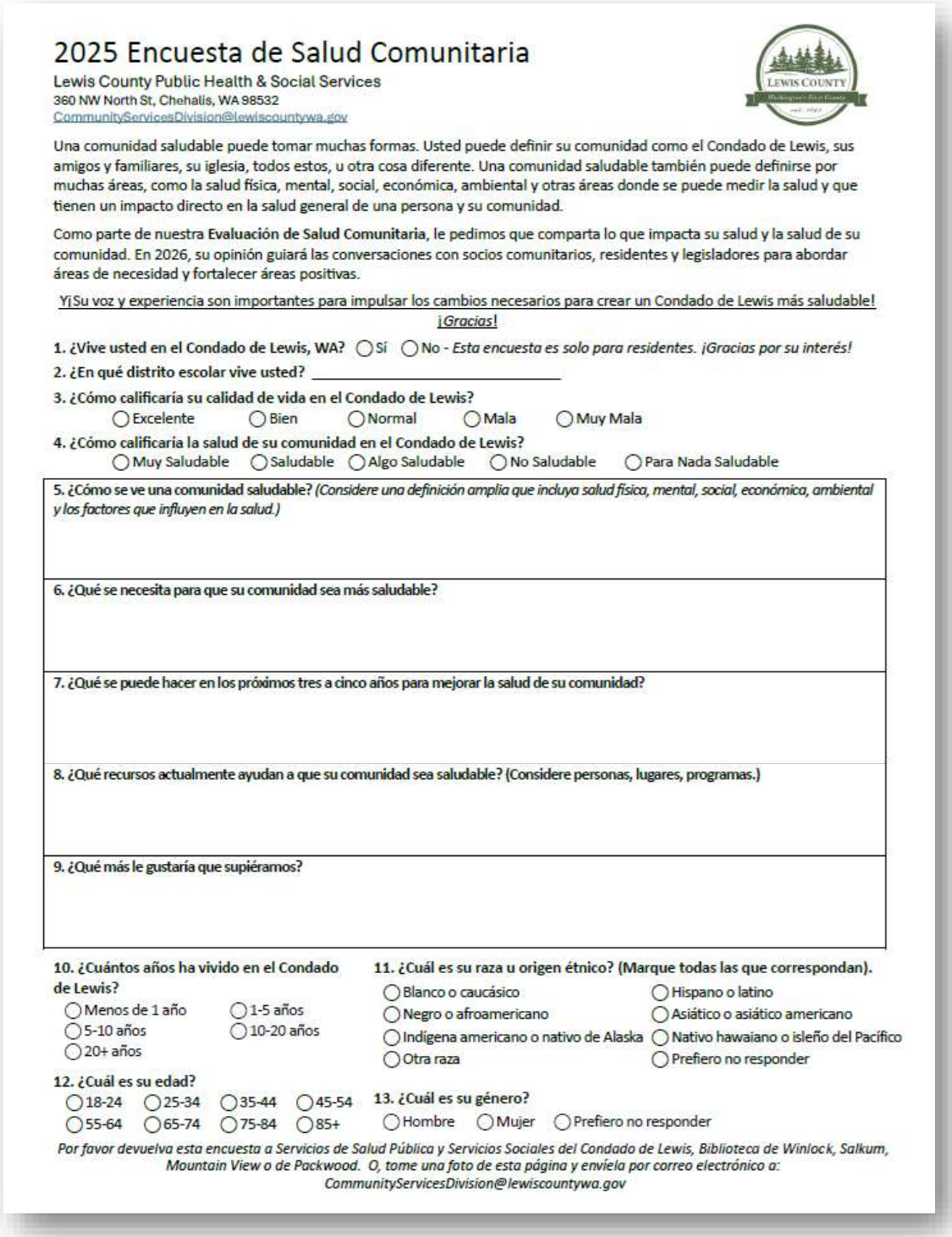
11. What is your race or ethnicity? Choose all that apply.
◯ White or Caucasian ◯ Hispanic or Latino
◯ Black or African American ◯ Asian or Asian American
◯ American Indian or Alaska Native ◯ Native Hawaiian or Pacific Islander
◯ Some other race ◯ Prefer not to answer

12. What is your age?
◯ 18-24 ◯ 25-34 ◯ 35-44 ◯ 45-54
◯ 55-64 ◯ 65-74 ◯ 75-84 ◯ 85+

13. What is your gender?
◯ Man ◯ Woman ◯ Prefer not to answer

Please return to: Lewis County Public Health & Social Services, Winlock Library, Salkum Library, Mountain View Library, or Packwood Library
Or, take a photo of this page and email to: CommunityServicesDivision@lewiscountywa.gov

Figure D.3. *Community survey instrument (English), Community Health Assessment, Lewis County, WA, 2025.*



2025 Encuesta de Salud Comunitaria

Lewis County Public Health & Social Services
360 NW North St, Chehalis, WA 98532
CommunityServicesDivision@lewiscountywa.gov

Una comunidad saludable puede tomar muchas formas. Usted puede definir su comunidad como el Condado de Lewis, sus amigos y familiares, su iglesia, todos estos, u otra cosa diferente. Una comunidad saludable también puede definirse por muchas áreas, como la salud física, mental, social, económica, ambiental y otras áreas donde se puede medir la salud y que tienen un impacto directo en la salud general de una persona y su comunidad.

Como parte de nuestra **Evaluación de Salud Comunitaria**, le pedimos que comparta lo que impacta su salud y la salud de su comunidad. En 2026, su opinión guiará las conversaciones con socios comunitarios, residentes y legisladores para abordar áreas de necesidad y fortalecer áreas positivas.

¡Su voz y experiencia son importantes para impulsar los cambios necesarios para crear un Condado de Lewis más saludable!
¡Gracias!

1. ¿Vive usted en el Condado de Lewis, WA? ◯ Sí ◯ No - *Esta encuesta es solo para residentes. ¡Gracias por su interés!*

2. ¿En qué distrito escolar vive usted? _____

3. ¿Cómo calificaría su calidad de vida en el Condado de Lewis?
◯ Excelente ◯ Bien ◯ Normal ◯ Mala ◯ Muy Mala

4. ¿Cómo calificaría la salud de su comunidad en el Condado de Lewis?
◯ Muy Saludable ◯ Saludable ◯ Algo Saludable ◯ No Saludable ◯ Para Nada Saludable

5. ¿Cómo se ve una comunidad saludable? *(Considere una definición amplia que incluya salud física, mental, social, económica, ambiental y los factores que influyen en la salud.)*

6. ¿Qué se necesita para que su comunidad sea más saludable?

7. ¿Qué se puede hacer en los próximos tres a cinco años para mejorar la salud de su comunidad?

8. ¿Qué recursos actualmente ayudan a que su comunidad sea saludable? (Considere personas, lugares, programas.)

9. ¿Qué más le gustaría que supiéramos?

10. ¿Cuántos años ha vivido en el Condado de Lewis?
◯ Menos de 1 año ◯ 1-5 años
◯ 5-10 años ◯ 10-20 años
◯ 20+ años

11. ¿Cuál es su raza u origen étnico? (Marque todas las que correspondan).
◯ Blanco o caucásico ◯ Hispano o latino
◯ Negro o afroamericano ◯ Asiático o asiático americano
◯ Indígena americano o nativo de Alaska ◯ Nativo hawaiano o isleño del Pacífico
◯ Otra raza ◯ Prefiero no responder

12. ¿Cuál es su edad?
◯ 18-24 ◯ 25-34 ◯ 35-44 ◯ 45-54
◯ 55-64 ◯ 65-74 ◯ 75-84 ◯ 85+

13. ¿Cuál es su género?
◯ Hombre ◯ Mujer ◯ Prefiero no responder

Por favor devuelva esta encuesta a Servicios de Salud Pública y Servicios Sociales del Condado de Lewis, Biblioteca de Winlock, Salkum, Mountain View o de Packwood. O, tome una foto de esta página y envíela por correo electrónico a: CommunityServicesDivision@lewiscountywa.gov

Figure D.4. *Community survey instrument (Spanish), Community Health Assessment, Lewis County, WA, 2025.*

Geographic Coverage (school district proxy)

Survey coverage was assessed using self-identified school district as a proxy for broad countywide distribution. District-level response share was compared to OSPI enrollment as a coverage benchmark (not a population denominator for all residents, Table D.1). Coverage ratio (Obs/Exp) is calculated as observed survey share ÷ expected share based on OSPI enrollment (a coverage benchmark); values >1 indicate higher participation than expected and values <1 indicate lower participation.

Table D.1. Community survey participation by self-identified school district, with OSPI enrollment as a coverage benchmark, Community Health Assessment, Lewis County, WA, 2025.

School district	Surveys collected	Survey % (of known, n=110)	OSPI enrollment	Enrollment %	Coverage ratio (obs/exp)
Centralia	42	38.2%	3,252	26.8%	1.43
Chehalis	21	19.1%	3,138	25.8%	0.74
Napavine	8	7.3%	860	7.1%	1.03
Adna	6	5.5%	638	5.2%	1.04
Onalaska	6	5.5%	831	6.8%	0.80
Pe Ell	6	5.5%	284	2.3%	2.33
White Pass	6	5.5%	378	3.1%	1.75
Toledo	5	4.5%	923	7.6%	0.60
Mossyrock	4	3.6%	598	4.9%	0.74
Morton	3	2.7%	438	3.6%	0.76
Winlock	3	2.7%	815	6.7%	0.41
Unknown/unspecified	14	-	-	-	-
Total	124	-	-	-	-

Note Survey percentages are calculated using only responses that self-identified a school district (n=110). "Unknown/unspecified" responses (n=14) are reported separately and are not included in coverage ratio calculations. Coverage ratio (Obs/Exp) = observed survey share ÷ expected share based on OSPI enrollment; values >1 indicate more responses than expected and values <1 indicate fewer.

Approach to Analysis

Survey items included both quantitative and qualitative questions. Quantitative items were summarized using descriptive statistics (counts and percentages). Qualitative responses were reviewed and summarized using theme presence (whether a theme was mentioned at least once in a respondent's answer), supported by illustrative quotes where appropriate. Open-ended responses were thematically reviewed by Lewis County Public Health & Social Services staff and coded using a survey-specific theme set aligned where feasible with the broader CHA "healthy community" framework to support synthesis across methods.

Findings

Quantitative

Overall, respondents most often rated their quality of life in Lewis County as Good or Excellent, and most commonly rated the health of their community as Somewhat healthy, followed by Healthy (Table D.2).

Table. D.2. Self-rated quality of life and community health, Community Health Assessment, Lewis County, WA, 2025.

Respondents rated their quality of life (Q3) and the health of their community (Q4) as follows:

*How would you rate your **quality of life** in Lewis County?*

Excellent	Good	Fair	Poor	Very poor	NA
32	65	20	<10	<10	<10

*How would you rate the **health of your community** in Lewis County?*

Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy	NA
<10	22	76	12	<10	<10

Note Counts *reflect usable survey responses (n=124). Cells with fewer than 10 responses are suppressed and displayed as "<10".*

Respondents reported a wide range of time living in Lewis County, with most indicating ten years or more (including a large share reporting 20+ years; Table D.3).

Table D.3. Years lived in Lewis County, Community Health Assessment, Lewis County, WA, 2025.

Years residing in Lewis County					
<1	1-5	5-10	10-20	20+	NA
<10	21	10	34	52	<10

Note Counts reflect usable survey responses (n=124). Cells with fewer than 10 responses are suppressed and displayed as "<10".

Respondents spanned multiple age groups, with the largest shares in 25–34 and 55–64. To protect confidentiality, small cell sizes are suppressed and displayed as "<10", see Table D.4.

Table D.4. Respondent age, Community Health Assessment, Lewis County, WA, 2025.

Respondent age							
18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
<10	21	10	34	52	<10	<10	<10

Note Counts reflect usable survey responses (n=124). Cells with fewer than 10 responses are suppressed and displayed as "<10".

Qualitative

Open-ended survey responses were summarized using theme presence—whether a theme was identified at least once in a respondent's answer—supported by illustrative quotes where appropriate. Theme tables are presented by question to reflect how respondents described: (1) characteristics of a healthy community, (2) what is needed to make the community healthier, and (3) actions that could be taken over the next 3–5 years to improve community health.

Healthy community framing

Respondents most often described a healthy community in terms of community involvement, care, and inclusion, alongside access to services/resources and healthy environments/outdoor spaces (Table D.5). Together, these responses frame health as both social (belonging, support, participation) and structural (access, basic needs, safety). This framing helps emphasize community strengths (the people, organizations, and partnerships already improving health) while also naming barriers that individuals cannot solve alone—such as limited service availability, cost, transportation, and difficulty finding accurate, up-to-date resource information.

Table D.5. Community survey: Characteristics of a healthy community - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=120)	Percent of responses
Community involvement, care, inclusion	65	54.2%
Access to resources/services	47	39.2%
Healthy environment and green spaces	42	35.0%
Basic needs are met	21	17.5%
Access to healthy foods	16	13.3%
Safety	16	13.3%
Economic opportunity and living-wage jobs	13	10.8%

Note Counts reflect the number of respondents in which a theme was identified (theme presence). Percentages are calculated using respondents who answered this question (question n=120).

Needs to make the community healthier

When asked what is needed to improve community health, respondents most frequently emphasized improving healthy environments/outdoor spaces and increasing service/provider availability, alongside the affordability and stability of basic needs and education/health literacy (Table D.6). These themes align with the CHA's broader focus on access, prevention, and practical supports residents can use to navigate services.

Table D.6. Community survey: What is needed to make your community healty - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=110)	Percent of responses
Healthy environment and green spaces	34	30.9%
More available services, proivders, and resources	31	28.2%
Basic needs affordability and stability	26	23.6%
Education and health literacy	21	19.1%
Inclusion and belonging	19	17.3%
Responsive and inclusive leadership	16	14.5%
Economic opportunity and living-wage jobs	9	8.2%
Lifespan support (child/elder-care)	8	7.3%

Note Counts reflect the number of respondents in which a theme was identified (theme presence). Percentages are calculated using respondents who answered this question (question n=110).

Near-term action priority areas

For the next 3–5 years, responses emphasized service navigation/awareness and community spaces and activities, in addition to expanding services/providers and strengthening inclusion/belonging (table D.7). This pattern suggests that many residents see progress as achievable through (1) making existing resources easier to find and use and (2) investing in places and community infrastructure that support connection and healthy living.

Table D.7. Community survey: What can be done in the next 3-5 years to improve the health of your community - code presence totals, Community Health Assessment, Lewis County, WA, 2025.

Theme	Count (n=99)	Percent of responses
Service navigation and awareness	34	34.3%
Healthy environment and green spaces for community activities	31	31.3%
More available services, providers, and resources	26	26.3%
Inclusion and belonging	19	19.2%
Economic opportunity and living-wage jobs	9	9.1%
Housing quality and affordability	8	8.1%

Note Counts reflect the number of respondents in which a theme was identified (theme presence). Percentages are calculated using respondents who answered this question (question n=99).

Limitations

See Section 1.5 for the full limitations discussion. Community survey limitations are summarized here for convenience:

- Survey responses reflect a convenience sample and may not be representative of the county population as a whole.
- Response distribution varied by location and participant networks; some populations may be underrepresented.
- Although bilingual materials were provided, only a small number of responses were submitted in Spanish, which may limit interpretation for Spanish-speaking residents.
- Self-identified school district is used as a coverage proxy and may not reflect all geographic residence patterns.

Appendix E: Youth Engagement: Health Bucks Activity

Overview

Youth input was collected through a brief interactive activity ("Health Bucks") designed to capture what young people identify as most important to their health and well-being. This activity complements other CHA methods by centering youth priorities in a format that is accessible in community and school-based settings.

Participation and Settings

The Health Bucks activity was conducted at four community settings during summer 2025: Centralia Middle School (last day of school dash; 7th–8th grade), Lewis County Pride, Community Mediation Center event, and the Southwest Washington Fair (Aug 12–17, 2025). Across events, participation included youth approximately ages 4–19 (Centralia Middle School participants were 7th–8th grade). Staff monitored participation to prevent individuals completing the activity more than once within an event.

Activity and Analysis

Participants received five "Health Bucks" to allocate across topic categories (bins) representing areas they would invest in to improve health in their community (see Images E.1 and E.2). Results were summarized by counting dollars allocated to each topic by event and in total. Estimated participant counts were calculated by dividing total bucks collected by five (five bucks per participant).

The Health Bucks activity was an engagement tool (not a validated survey instrument). It was used to make it easy for youth to share priorities in community settings; results should be interpreted as qualitative community input rather than standardized measurement.

Figure E.1. *"Health Bucks" bundles of $5 provided to participating youth, Community Health Assessment, Lewis County, WA, 2025*.

Figure E.2. *"Health Bucks" setup at Southwest WA Fair, Community Health Assessment, Lewis County, WA, 2025*.

Findings

Across settings, the largest shares of Health Bucks were allocated to a core set of priorities: safe and stable housing, access to healthy food, medical care, and mental health support. Youth also emphasized the importance of safe community spaces and activities (e.g., parks, skate parks, clubs/sports), safety and anti-bullying, and opportunities related to education and careers. See Table E.1.

Table E.1. Results from the Children's "Health Bucks" activity, Community Health Assessment, Lewis County, WA, 2025.

Location	Centralia Middle School	Lewis County Pride	Community Mediation Center	Southwest WA Fair		
Date	6/16/2025	7/19/2025	7/24/2025	8/12-8/18/2025		Percent of
Topic	Number of "Health Bucks" deposited				Totals	total
Home/safe place to live	39	100	24	576	739	18%
Good food	59	80	13	531	683	16%
Medical care	40	94	21	471	626	15%
Mental health care	17	80	22	341	460	11%
Safety/no bullying	35	70	18	327	450	11%
Explore careers/education	25	29	20	324	398	10%
Clubs/sports/other activities	64	20	15	282	381	9%
Parks/skate parks/outdoor spaces	37	45	11	254	347	8%
Other (free-text option)	0	11	10	56	77	2%
Totals	316	529	154	3,162	4,161	100%
Esimated participating youth instances	63	106	31	632	832	-

Note Counts reflect the number of Health Bucks placed into each category across all events. Assuming five Health Bucks per participant, this represents an estimated 832 participating youth instances. Youth instances are presented as an estimate of participation in the activity and should not be interpreted as unique individuals.

The “Other” response option allowed participants to provide written responses that were not represented in the predefined topic areas. Table E.2 lists the open-text responses recorded through the Children’s “Health Bucks” activity. Repeated responses are shown with counts.

Table E.2. Open-text responses from the Children's "Health Bucks" activity, Community Health Assessment, Lewis County, WA, 2025.

Response
Accessibility
Animal shelter
Family (n=2)
Games
Internet
Love
More just government
No chopping down trees
No littering
Places to go for people in unsafe places
Trans support services
Vacant lots for neighbors to grow food
Wildland fire services
Wildlife
YouTube (n=2)

Limitations

See Section 1.5 for the full limitations discussion. Healthy Bucks limitations are summarized here for convenience:

- Health Bucks is a convenience sample collected at specific events and does not represent all youth in Lewis County.
- Age range varied by event, which may influence topic priorities.
- Counts reflect “investment choices” (allocated bucks), not prevalence of need or severity.
- Attendance counts were not available for all settings; estimated participants are based on total bucks collected.
- Despite these limitations, the activity provides a clear, accessible way to capture youth priorities and complements other CHA methods by adding youth voice.

Appendix F: Quantitative Indicators and Data Tables

Purpose and How to Use

Appendix F provides quantitative context for the 2025 Community Health Assessment (CHA). It is organized by topic area, including demographics, economic conditions, housing, basic needs, health outcomes, and youth indicators.
The indicators included in this appendix are based on:

1. the Washington State Department of Health's recommended community health indicator framework; and
2. measures historically included in Lewis County Public Health & Social Services community health reporting to support comparison of trends over time.

The tables are intended to promote transparency and allow readers to review the underlying measures that informed the CHA findings and synthesis.

Appendix F is available on the Lewis County Public Health & Social Services Data, Assessments, and Reports webpage:
https://lewiscountywa.gov/departments/public-health/assessment/

Data Governance and Update Plan

A companion quantitative indicator workbook is maintained as a living dataset and may be updated as new data becomes available (e.g., annual releases, revised estimates). Where feasible, this appendix may be updated on a semiannual cadence (January and July) to align with partner review cycles and new data releases. A companion quantitative indicator workbook is maintained as a living dataset and updated as new releases become available; indicator coverage may expand over time (e.g., Healthy Youth Survey measures) while maintaining continuity with core WA DOH and historically used LCPHSS measures.

Notes on Interpretation

- Measures may be based on different sources and time periods (e.g., ACS 5-year estimates, administrative data, modeled estimates).
- Small numbers may be suppressed where appropriate to protect confidentiality (e.g., displayed as "<10").
- When comparing across geographies, definitions and denominators may differ by source; notes are provided under each table.
- Indicator selection reflects both statewide recommended measures (WA DOH) and local continuity (LCPHSS); not every relevant metric is included in every cycle, and additional measures may be added as data access improves.

Index of Tables, Figures, and Images

Table X. Index of Tables, Community Health Assessment, Lewis County, WA, 2025.

Table Y. Index of Figures, Community Health Assessment, Lewis County, WA, 2025.

Special Thanks

Lewis County Public Health & Social Services extends special thanks to Discover Lewis County for allowing us to feature selected photographs throughout this report. Their images help reflect the landscapes, communities, and character of Lewis County.

Table Z. Index of Images, Community Health Assessment, Lewis County, WA, 2025.

References and Data Sources

This section lists references and data sources used in the main body of the report. Sources of indicators used exclusively in Appendix F are documented within that appendix.

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https://lewiscountywa.gov/departments/public-health/assessment/

Data in this report are accurate as of July 2026.

Front Street Boat Launch,
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